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ABSTRACT

Serving as a vehicle for raising the profile of and thereby gaining recognition for the important research and development work being conducted in Canada in support of children and families, the "Research Connections Canada" series compiles research and/or development papers as well as background papers, analytical literature reviews, and essays. This issue of the series focuses on early childhood programs. The papers are as follows: (1) "Elements of Quality" (Gillian Doherty), on the influence of structural and contextual elements and process quality in early childhood classrooms; (2) "Multiple Stakeholders: Multiple Perspectives" (Gillian Doherty), on understanding and ensuring that quality involves a continuous process of reconciling the perspectives of different stakeholders within a broader context of universal values; (3) "Quality Child Care and Community Development: What Is the Connection?" (Allison Benner), addressing the conflict between professionally driven concepts of quality child care and community-oriented conceptions of quality care; (4) "Community Development: Models of Engagement and Evaluation" (Allison Benner), noting the trend toward decreased public sector responsibility, the precarious place of child care in this fiscal climate, and models of community engagement and evaluation currently underway to meet these challenges; and (5) "Troubled Relationships in Early Childhood Education: Parent-Teacher Interactions in Ethnoculturally Diverse Child Care Settings" (Judith K. Bernhard, Marie Louise Lefebvre, Kenise Murphy Kilbride, Gyda Chud, and Rika Lange), detailing a study of the views of early childhood professionals and minority/immigrant parents concerning parent involvement, goals, parenting, and incidents of discrimination. Each of the papers contains references. (HTH)

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Research Connections

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Research Connections Canada: Supporting Children and Families

Research Connections Canada is a bilingual publication series published by the Canadian Child Care Federation and funded by Child Care Visions, Human Resources Development Canada. The series is an anthology of current Canadian early childhood research and development papers.

This professional publication serves as a vehicle for raising the profile of and thereby gaining recognition for the important research and development work which is being conducted currently in Canada, including that being done under Child Care Visions, Human Resources Development Canada.

Research Connections Canada includes research and/or development papers as well as background papers, analytical literature reviews and essays. This publication series is of particular interest to training programs (at both college and university levels), academics, researchers, policy makers and licensing and regulatory agencies.

Research Connections Canada is guided by an editorial committee. However, the papers represent the opinions of the authors and should not be considered to reflect the opinions of the Editorial Committee, the publisher or the funder. Papers are presented essentially as submitted by the authors; there is no substantive edit or fact-checking. There is currently no peer-review process.

One copy of each issue of the series is distributed free of charge to an identified distribution network including: libraries in colleges and universities that offer training in early childhood care and education; government child care departments; national organizations in the health and social services sector; and provincial/territorial organizations with a focus on early childhood.

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Elements of Quality

by Gillian Doherty

Gillian Doherty is adjunct professor in the Department of Family Studies, University of Guelph. This paper was prepared for the Canadian Child Care Federation's Partners in Quality Project, funded in December 1997 by Child Care Visions, Human Resources Development Canada.

Abstract

North American research continues to support the influence on quality exerted by the ***structural elements*** *of ratio, group size and care provider type and level of education. Each of these elements exerts an independent influence, however, and their impact is greater when they are clustered together. This suggests that all three should be regulated. There is also increasing evidence for the importance of the centre director's level and type of education.*

*The term "****contextual elements****" refers to elements other than structural that are outside the individual family day care home or centre room that influence the quality within it. Those that have been studied by research are: the director's administrative style, the organizational climate, auspice, wages, working conditions, sponsorship of family day care homes, government regulation and government funding. The contextual elements appear to exert their influence through their impact on the care provider's job satisfaction. They do this through a variety of pathways. Job satisfaction, in turn, influences turnover rates and care provider behaviour. Both of these have a direct impact on the child's experience.*

The elements associated with ***process quality*** *(the child's daily experience) that have been researched are: the interaction between the adult and child, the types and variety of experiences provided, the extent of care provider consistency and parent involvement. The impact of parent involvement and probably that of care provider consistency influence care provider behaviour. Parent involvement may also influence the types and variety of experiences provided for the child.*

Introduction

The Concept of Quality

The term "quality" refers to the extent to which something is desirable or meets more than minimal standards. Early childhood educators consider the quality of an early childhood

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setting in terms of its effect on *both* the child's health and safety and the child's development. They also consider whether or not the setting supports the family in its child-rearing role.

Research has demonstrated that the well-being and development of children in early childhood settings is influenced by:

- **structural elements of quality**—that is, concrete, easily measured elements that can be regulated. These include the number of children for whom an adult is responsible (the ratio), the adult's level of education related to the provision of an early childhood program and group size;
- **contextual elements of quality**—that is, non-structural elements, usually outside the individual family child care home or room in an early childhood setting, that influence what goes on in the home or room. These include elements such as government regulations, the organizational climate in a child care centre and compensation levels in a family child care home; and
- **process quality**—that is, the child's daily experience in the early childhood setting.

As discussed in this paper, the structural and contextual elements of quality directly influence process quality. Research has also demonstrated that process quality, in turn, directly influences the child's well-being and development.

The Importance of High Quality

A high quality early childhood setting goes beyond simply protecting health and safety to provide an experience that supports the child's development. There are a number of reasons why everyone in Canada needs to be concerned about the level of quality in early childhood programs. These reasons include:

- the overwhelming evidence from observational and neurobiological research that the first six years of life are crucial for the development of the emotional, social, physical, language and thinking skills necessary for adult competence;[1]
- the number of children under age six with a lone parent or both parents working or studying on a full-time basis. The majority of such children in Canada receive non-relative care on a regular basis.[2] The Canadian government has estimated that in 1996 the lone parent or both parents of 787,090 children under age six[3] and 726,345 children between age six and 10[4] were working or studying full-time;
- the proven negative impact of poor quality child care on children's well-being and development;[5] and
- the apparent failure of a more advantaged family background to buffer children from the negative effect of a poor quality early childhood program.[6]

This paper examines what the research tells us about structural and contextual elements of quality in early childhood settings and about process quality.

CHAPTER 1

Structural elements: What does the research tell us?

> Quality child care is child care that: supports and assists the child's physical, emotional, social and intellectual well-being and development; and supports the family in its child-rearing role.[7]

Introduction

In North America, the definition of quality in early care and education has been primarily left to experts. Since experts and early childhood professionals are concerned about children in general, they have sought concepts of quality that are concrete, objective and quantifiable. As a result, much of the research has focused on the so-called structural elements of quality. These are easily measured variables that can be regulated, such as group size and that intuitively seem likely to influence child well-being and development. This chapter reports the research findings related to the structural elements of: a) the physical setting, b) the number of children per care provider (the ratio), c) the group size, d) care provider preservice and in-service education and e) director education and experience. Chapters 3 and 4 discuss contextual and process elements respectively.

Due to the almost complete lack of research involving school-age child care, this chapter and chapters 3 and 4 focus on research related to child care settings for children from birth to age six. The majority of research reports available in English involve studies conducted in North America and this review reflects this fact. However, whenever possible, research from other countries is cited. All associations reported in this paper are statistically significant. This means that the association between two items; for example, between a small number of children per care provider and higher levels of adult responsiveness, is unlikely to have occurred simply by chance.

A glossary of terms is provided at the end of the paper.

The Physical Setting

At its absolute basic, quality child care requires that the health and safety of the children be protected. Research indicates that the extent to which infections, such as diarrhea, occur in an early childhood setting depends upon the extent to which the care providers are conscientious

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about handwashing and other sanitary procedures.[8] An association has also been found between centre size and the risk of infection. Risk is greatly reduced in a small centre.[9]

The safety of the setting also influences care provider behaviour. Family child care providers working in a child-designated space that is safe and appropriate for children are less likely to restrict the children's activities or express negative affect towards them than providers working in unsafe environments.[10]

Well-defined settings, where there are clear boundaries between group space and activity areas, at least partial acoustic separation for small group activities, large areas for large group activities and appropriate amounts and types of storage, are associated with positive findings. These findings include a higher incidence of positive interaction between adults and children, a higher incidence of child exploratory behaviour and greater levels of cooperation among children than occur in less well-defined settings.[11] Toys and equipment also influence child behaviour. Children show higher levels of sharing when they have interactive toys, such as puppet stages and dress-up materials, than when the majority of toys are puzzles, peg boards and play dough.[12] Higher levels of interactive play occur around large objects such as climbing apparatus or model toy trains that children can sit in.[13]

Adult-Child Ratio

Ratio has been found to exert an influence on:

- children's behaviour and development;
- care providers' behaviour; and
- overall program quality.

The Influence of Ratio on Children's Behaviour and Development

When ratio is studied as an individual element, a favourable ratio (relatively few children per adult) has been found to be associated with:

- children who show greater attachment to their care provider[14] and are rated as more considerate of others,[15] less aggressive with peers,[16] and as engaging in higher rates of focused behaviour[17] than children in situations where the ratio is less favourable. In Grade 1, children who were in centres with a favourable ratio when preschoolers are rated as being more independent;[18] and
- children who have higher levels of perceived self-competence,[19] verbal communication skills,[20] social skills[21] and cognitive development.[22]

When ratio has been combined with other elements; for example, group size and/or care providers' education, favourable ratios in preschool child care have been found to be associated with:

- children who are more likely to comply with adult requests and have greater ability to regulate their own behaviour,[23] show a higher rate of positive affect and are less hostile,[24] and are less likely to have behaviour problems in Grade 1;[25] and
- children who engage in more complex social play,[26] are more socially competent at age eight,[27] and make better academic progress in Grade 1.[28]

Two studies report an association between ratio and child outcome in a different direction. In one study of two- and three-year-olds, the children in centres with the less favourable ratios were deemed to be more cooperative with peers and with adults.[29] However, the range of ratios in this study was 1:4 to 1:6, within the range recommended by experts for this age group.[30] In contrast, the upper range was 1:15 or 1:20 in the other studies that examined the influence of ratio on child behaviour. The unexpected finding may indicate that a ratio of 1:6 is the threshold for desirable practice for three-year-olds, as found by another study.[31] If so, more favourable ratios would make little difference and the finding may have been a function of some other characteristic of the programs; for example, the extent to which the care providers had specialized training in child development.

A second study, with a sample composed of both family day care homes and centres, found that children in the situations with the least favourable ratios showed more complex cognitive play and higher developmental levels of peer play.[32] The researchers suggest that:

> ...the more advantageous adult-child ratios and group sizes of family day-care homes may not have been sufficient to counteract the advantage in centres of better trained care providers with more intense adult involvement as well as higher levels of appropriate caregiving and developmentally appropriate activities.[33]

Differences in ratio have not always been found to be associated with differences in child behaviour or child development. One study reports no association between ratio and social interaction among children for preschoolers in situations where the range was 1:5 to 1:10.[34] In this study, the influence of ratio appears to have been overridden by the impact of group size. A second study failed to find an association between ratio and either language or cognitive development once the influence of family variables was controlled.[35] Seven studies report both significant and non-significant associations between ratio and child development depending on which outcome measure is examined.[36] The failure to find an influence attributable to ratio on some occasions does not negate the importance of ratio. However, it does underline the reality that elements in addition to ratio are important for quality.

The Influence of Ratio on Care Provider Behaviour

When ratio has been studied as an individual element, a favourable ratio has been found to be associated with:

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- care provider behaviour that is nurturant, sensitive, non-restrictive[37] and responsive;[38] and
- the provision of more social, verbal and cognitive stimulation than found in situations with less favourable ratios.[39]

A study examining different ratios and the extent to which the care providers engaged in appropriate caregiving and developmentally appropriate activities suggests that the upper limit of the ratio associated with desirable practice is 1:3 for children under age 24 months, 1:6 for children age 25 to 36 months and 1:8 for preschoolers.[40]

The Influence of Ratio on Overall Program Quality

Two recent American studies, one involving 449 rooms,[41] and the other 749 rooms spread across four states,[42] report an association between higher scores on the Infant/Toddler Environment Rating Scale (ITERS)[43] or the Early Childhood Environment Rating Scale (ECERS)[44] and rooms with the more favourable ratios. The multistate study reports that ratio was the most significant indicator of overall quality (with wages as the second most significant).[45]

Ratio as an Enabler

The statistical technique of path analysis indicates that ratio exerts its influence on children by being an enabler of the type of interaction that favours child well-being and development. In one study, ratio predicted the quality of the interaction between care provider and child which in turn predicted the security of the child's attachment to the care provider. Children who were securely attached to their care provider showed higher levels of social competence with peers.[46] A second study found that ratio influenced the children's level of cognitive play through its impact on the type of interaction between children and care providers.[47]

These findings are not surprising. An adult who is responsible for too many children, given their developmental level, can do little more than attend to their physical needs and safety. The care provider is also likely to feel stressed in such situations, which increases the probability of harshness and restrictiveness. Fostering child development in young children requires frequent supportive, individualized interaction between adult and child and the adult's involvement with the child in a variety of activities.

Group Size

This section examines the influence of group size on:
- children's behaviour and development;
- care provider's behaviour; and
- overall program quality.

The Influence of Group Size on Children's Behaviour and Development

When group size is examined as an individual element, smaller group size is associated with:

- children who are more cooperative and less hostile,[48] have a better understanding of social behaviour,[49] engage in more talking and playing with peers,[50] and are more involved in activities;[51] and
- children who have higher scores on measures of social competence[52] and on a measure of reading readiness.[53]

When group size is combined with other elements; for example, ratio and/or care provider education, it is associated with:

- children who show a higher level of complex play with their peers;[54] and
- children who have higher levels of perceived self-competence,[55] higher levels of receptive language,[56] and both fewer behaviour problems and better academic progress in Grade 1.[57]

One study reports an association between small group size and both children's poorer social competence and more incidents of negative behaviour towards peers. However, the same study also found that children in smaller groups were more likely to have a better understanding of social behaviour.[58] Thus group size was found to be associated with what were considered both positive and negative outcomes. The mean group size in these rooms for two- and three-year-olds was 17.4 but the range of sizes is not reported. As a result, it is not possible to determine the amount of difference between "small" and "large" groups. If there was little difference, the findings may be attributable to something other than group size.

As with ratio, differences in group size have not always been found to be associated with differences in child behaviour or development. No association between group size and child outcome was found in three studies.[59] The range of group sizes was not reported in one study,[60] making it impossible to determine the extent of the size differences across groups. However, in the two other studies the range was 15 to 39[61] and 12 to 40.[62] These ranges provide real difference between small and large groups. Five studies report both significant and insignificant associations between group size and child outcome, depending on which outcome measure was examined.[63] Again, the finding of both significant and non-significant associations does not negate the importance of group size. It does, however, emphasize that group size is just one element influencing child development in child care settings.

The Influence of Group Size on Care Provider Behaviour

Small group size has been found to be associated with care providers who are more responsive to the children,[64] less likely to be restrictive,[65] and spend a larger proportion of their time interacting with the children and providing social and/or language stimulation.[66] However, two large multisite American studies failed to find an association between group size and care provider behaviour.[67]

A study examining different group sizes and the extent to which care providers engaged in appropriate caregiving and developmentally appropriate activities suggests that the upper limit associated with desirable practice is six children under age 24 months, 12 children age 25 to 36 months and 18 children for preschoolers.[68]

The Influence of Group Size on Overall Program Quality

A recent four-state study involving 749 rooms failed to find an association between group size and overall quality as measured by the ITERS or ECERS.[69] In contrast, an earlier single-state study found that rooms with smaller groups obtained higher scores on the ECERS.[70]

Group Size as an Enabler

As with ratio, path analysis indicates that group size influences child behaviour and development through its influence on care provider behaviour.[71] Group size predicts the amount of involvement between care provider and child. This, in turn, predicts children's social competence with other children.

The finding that group size enables the sort of interaction that is associated with child development is not surprising. Small groups make it easier for the adult to engage in true verbal exchange with the children, rather than simply directing them. Peer relationships may also be enhanced because moderate to small groups simultaneously permit children to have a choice of partners while protecting them from overstimulation.[72]

Care Provider Preservice Education

Research studies consistently report that care provider post-secondary school education, as opposed to high school diploma only, is associated with adults who are more likely to be responsive,[73] to provide the children with stimulating activities,[74] to provide activities that are appropriate for the child's developmental level,[75] and to support parents through the provision of child development information.[76] The benefits of post-secondary school education are found in family day care as well as among centre staff.

Children whose care provider has post-secondary school education are more likely to have a secure attachment with the care provider.[77] They are also more likely to be cooperative,[78] to get along well with peers,[79] and to obtain higher scores than their age-mates on standard tests of language development.[80]

In many of the studies cited above, the care provider's post-secondary school education was related to child development or child care. This prompted a debate in North America about whether the sheer amount of care provider education or the content of the education was the best predictor of quality.

The Influence of Specialized Preservice Education: Centre-Based Care

Two large multisite, multicentre American studies have examined the question of whether education related to early childhood development exerts a greater influence than years of formal education in other disciplines. They report that:

- care providers with specialized education related to child care are more likely to show behaviours that enhance child development, such as being warm and supportive and also more likely to provide activities that stimulate development;[81] and
- the children in the care of adults with specialized education show higher levels of cooperative behaviour, greater task persistence, higher levels of language skills and higher levels of general knowledge.[82]

Six smaller studies report similar results.[83] However, a seventh study found that children in centres with staff with more specialized education were less independent and socially competent with other children than age-mates in centres with less highly trained staff.[84]

Two multisite American studies report that the proportion of care providers with specialized early childhood education predicts a centre's overall quality as measured by the ITERS or ECERS.[85] A single-state study involving 449 rooms obtained the same finding.[86]

The Influence of Specialized Preservice Education: Family Day Care

Family day care providers most commonly obtain their specialized education after they have started providing care. The research related to the influence of specialized education in home settings is discussed in the section on in-service education.

The Influence of the Level of Specialized Education

Two American studies have specifically explored the different effect of different levels of care provider specialized education. The first study, in 749 rooms, involved educational levels that ranged from high school graduation with some child care-related courses but no certificate or diploma to a bachelor's degree in early childhood education. It found an association between total score on the ITERS or ECERS and the level of care provider education.[87] The rooms where the care provider had a college degree obtained the highest total scores.

The second study, which involved 449 rooms, reports that care providers whose specialized training was at the bachelor degree level were more likely than those at the Child Development Associate (CDA) program level to be sensitive and responsive with the children and less likely to be harsh or detached. Furthermore, their classrooms obtained higher total scores on the ITERS or ECERS. Children whose care providers' training was at the bachelor degree level were found to have higher adaptive language scores and to show higher levels of complex peer play. The researchers speculate that college-level specialized training serves to "encourage more fine-tuned teacher-child interaction—the type of interaction—in which teachers respond to teachable moments."[88]

Specialized Education as an Enabler

As with ratio and group size, path analysis indicates that specialized early childhood education exerts its strongest influence through its impact on the care provider's behaviour.[89] Research suggests that part of the reason for this may be that care providers with specialized early childhood education have greater knowledge of developmentally appropriate practice than people with a degree in some other discipline.[90] As a result, they are less likely to make inappropriate demands on the child and more likely to provide the type of stimulation that builds on the skills the child has already mastered.

Discussion

The research findings reviewed above indicate that specialized education related to early childhood education exerts a greater influence on child care quality than the provider's years of post-secondary school education in other disciplines. One multistate centre study found that neither years of formal education nor degrees or certificates unrelated to early childhood development or education predicted care provider behaviour, the quality of the interaction between care provider and children or child outcome.[91] Two studies of family child care found that post-secondary school courses related to child care provision were more important for overall program quality than was post-secondary school education in other disciplines.[92]

It is interesting to consider the above North American findings in light of the European experience. The Italian Reggio Emilia centres are held in very high regard both in Europe and North America.[93] However, Italian government regulations only require that centre care providers be high school graduates and have one year of practice teaching.[94] Staff in the Reggio Emilia centres, as in most Italian centres, have little preservice education related to child care provision. Nevertheless, they still provide high quality child care programs. They appear able to do this because the Reggio Emilia centres provide significant and ongoing opportunities for highly interactive in-service education. They also team providers in mentoring situations so less experienced staff can learn from their more experienced colleagues.[95] In contrast, North America relies on preservice education with in-service education, when available, often consisting simply of formal lectures or attending conferences.[96]

In-Service Education

The American Child Development Associate (CDA) program assists experienced child care providers who have little or no formal education related to child care to obtain a credential that will permit them to assume full responsibility for the activities of a group of children in a centre. This process often includes competency-based training and supervised experience in a child care centre.[97] Three evaluations report increases in child development knowledge and positive care provider behaviours after participation in the CDA program.[98]

Five American studies have demonstrated a positive impact on overall program quality, as measured by the *Family Day Care Rating Scale*,[99] following in-service education for family day care providers. In all but one,[100] the difference between pre- and post-training scores was statistically significant.[101] These findings are supported by two Canadian studies.[102] Both report that care providers with post-secondary school courses related to early childhood education obtained higher scores on the *Day Care Home Environment Rating Scale*[103] than did providers whose post-secondary school education was in another area.

It appears that in-service training may directly influence child development. An American study found that children being cared for by home-based providers who received weekly training sessions for 10 months made greater gains on standard tests of language and cognitive skills than a companion group where the care providers did not receive training.[104]

The consistent findings related to in-service education for home-based child care providers have prompted one reviewer to note that: "The benefit of child-related training in improving the quality of care is probably the most conclusive research finding in family child care."[105]

The Centre Director's Education and Experience

Centre directors can be viewed as the "gatekeeper to quality"[106] because of their influence on the centre's climate both as a nurturing and educational environment for children and as a workplace for staff. To function effectively, they require both a comprehensive understanding of child development and early childhood programming and a good understanding of organizational theory and practice.[107]

The Influence of Education

An American study of 103 centres found that the director's formal educational level, that is, university degree or no university degree, was the strongest predictor of quality as measured by the observational scale used for accreditation by the National Academy of Early Childhood Education.[108] However, there was also a statistically significant association, although not as strong, between overall quality and the director's:

- specialized training in early childhood education; and
- training in administration.

The director's university degrees were generally in some area related to early childhood education. Therefore, the fact that the strongest association was between having or not having a degree and quality may have reflected the value of post-secondary school education related to the provision of child care. A recent four state study involving 352 centres found that the director's education level was highest among good quality centres (as indicated by scores on the ITERS or ECERS), lower among mediocre quality centres and lowest among low quality centres.[109] Directors at the highest educational level had a college degree related to early childhood education or child development.

While education related to children is clearly important for child care centre directors, there is also evidence for the value of training in administration. One study reports significant gains in indicators of quality within classrooms; for example, the tone of the interaction between care providers and children, after directors had participated in a 16-month leadership course.[110]

The Influence of Experience

A recent four-state study found that centres with directors who had more years of experience in child care tended to provide higher quality care.[111]

Discussion

On the basis of its experience in administering an accreditation program, the United States National Association for the Education of Young Children (NAEYC) states that "the most salient predictor of overall program quality is a director with a strong educational background in early childhood education/child development and at least one degree."[112] However, there is some evidence that prior experience as a child care provider is also valuable. NAEYC recommends that centre directors have a baccalaureate degree in early childhood education or child development, at least three years' experience as a child care provider and training in business administration so that they have competency in staff development and supervision, program evaluation and community relations.[113]

An American survey of people considered to be experts in the early childhood education field reports that 87 per cent expressed the opinion that directors should have specialized course work in program administration as well as a degree in early childhood or child development and experience as a child care provider. The two areas considered to be most crucial for training were financial management and staff management.

Chapter Summary

North American research continues to document the influence on child care quality exerted by the structural elements of ratio, group size and the care provider's level and type of education. These elements exert their influence by being an enabler of the type of interaction between adults and children that supports and fosters child well-being and development. However, as will be discussed in the following chapter, favourable ratios, small group size and the care provider's specialized education related to child care provision are not sufficient to guarantee quality. It is also necessary to have care providers who are attuned to and reflect on the impact of their behaviours.

An association has not always been found between quality and favourable levels of structural elements. This does not negate their importance but rather it underlines the fact that these elements are only part of what influences quality. Other influences include parent involvement, care provider job satisfaction and the organizational climate within the child care setting. These elements are discussed in chapters 3 and 4.

The research provides some indication that there are thresholds for each of ratio, group size and care provider education below which child development may be compromised. For ratio, the threshold appears to be 1:3 for children under 24 months, 1:6 for children age 25 to 36 months and 1:8 for children between age 3.0 and 5.11 years.[114] For group size, the upper limit appears to be six children under age 24 months, 12 children age 25 to 36 months and 18 children age 3.0 to 5.11 years.[115] An examination of the data from two large American studies, which together involved 1,065 individual rooms, found that coherent specialized courses, such as college diplomas in early childhood education, are:

> …more successful in terms of effective teaching and children's experiences than is having teachers simply take college courses or informal workshops. Although teachers with the most advanced education and training appear to be the most effective, teachers with associate of arts degrees [in early childhood education] and CDA certificates were more effective than teachers with some college or just high school plus workshops.[116]

This study indicates that it is important that specialized training related to child care provision be offered as a coherent course proceeding in logical steps rather than ad hoc workshops and seminars.

CHAPTER 2

Structural Elements: Necessary but not Sufficient

> Regulatable variables, such as training, ratios and group sizes can set the stage for higher quality but they do not direct the play. What actually happens in classrooms of small children and one or two caregivers is not adequately captured by most variables one can legislate and regulate.[117]

What Does the Research Tell Us?

Provincial/territorial regulation of structural elements is a major method used in Canada to influence child care quality. The underlying assumption appears to be that the right level of each of these ingredients will protect children's health and safety and foster their development. American research gives some support for this supposition. Two large multistate studies both report an association between the level of regulations pertaining to the care provider's specialized education, as well as ratio and group size and the observed quality of the children's daily experience in child care.[118] As noted earlier, the quality of children's daily experience influences their well-being and development.

Research also supports the notion of structural elements as enablers.[119] That is to say, the idea that structural elements influence care provider behaviour, which, in turn, influences overall quality. However, it is essential to remember that the research only indicates that a certain level of each of these elements is associated with quality, not that it guarantees it.

A 1995 study underlines this point.[120] It found that care provider sensitivity was poorer in a particular centre than the average in the National Child Care Staffing Study[121] even though the ratios and group sizes were more favourable and the staff had higher than average levels of specialized training. Only 40 per cent of the children in the centre were classified as securely attached to their care provider in contrast to 50 per cent in the national sample.

The centre then undertook the NAEYC accreditation process which includes, among other things, extensive self-evaluation. The researchers returned two months after the centre had obtained accreditation. At this time, the ratios and group sizes were somewhat less favourable than at the time of the original data collection. However, care provider sensitivity had increased significantly and harshness had decreased. There was also a significant improvement in the provision of developmentally appropriate activities, to a point well above the national average and in the percentage of children with a secure attachment to the care provider. The researchers speculate that the care providers had become more aware of and reflective about their behaviour and its consequences as a result of the self-evaluation the centre had undertaken. This enabled quality to increase even when there was a small decrease in ratio and group size.

The Case of the Missing Fifty Per Cent

The Limited Influence of the "Iron Triangle" Elements as Individual Contributors to Quality

Ratio, group size and care provider education have been referred to as the "iron triangle,"[122] implying that these are the three elements that most influence quality. As discussed in the previous chapter, research has demonstrated that each does have an influence on care provider behaviour and child development. However, the degree of influence that ratio or group size have as an individual contributor may be more limited than generally thought. Statistical analysis (hierarchical regression) has found that the percentage of variation in children's development accounted for by ratio ranges from 3.8 per cent[123] to 15 per cent.[124] Group size, as an individual variable, has been found to account for 2.3 per cent[125] to 37 per cent[126] of the differences in child development. The ranges cited represent different findings from different studies. This variation is probably a function of differences across the studies; for example, in methodology and/or the age of the children.

No studies were located that had explored the percentage of variation in children's development attributable to care provider educational level or amount of specialized education related to providing child care. However, one study looked at the association between the quality of children's daily experience, as measured by the Infant or Early Childhood Environment Rating Scales and both the general level of education of the care provider and the extent to which the individual had specialized training related to the *provision of child care.*[127] It reports a low association between quality and either general level of education (correlation of 0.37) or specialized training (correlation of 0.35). One child care researcher has suggested that structural elements probably account for less than 50 per cent of the variance in quality across child care settings.[128]

Accounting for the Missing Elements

The research literature provides some tantalizing clues as a start in identifying the missing 50 per cent noted above. For example, a statistically significant association has been found between:

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- care providers' level of job satisfaction and the both the nature of their interaction with children[129] and the extent to which they provide stimulating activities;[130]
- organizational climate and overall quality as measured by the instrument used for accreditation by the National Association for the Education of Young Children;[131] and
- parent involvement and global quality as measured by the ITERS or ECERS. This has been found in both a Canadian[132] and an American[133] study. However, it is difficult to determine from these two studies whether a high rating on global quality resulted from parent involvement or if high quality programs are more likely to actively seek parent input.

These and other elements that influence the nature of the child's daily experience are discussed in the following chapter.

Child Care: A Collaborative Endeavour

Some of the missing 50 per cent no doubt reflects the fact that child care is just part of the daily experience of the children studied. Research has found that the strength of the association between quality and child care characteristics, such as group size and care provider education, is considerably weakened when differences across children in maternal education level,[134] level of parental stress[135] and socio-economic status[136] are controlled. In other words, family characteristics have a direct influence on child development in addition to the elements of quality in the child care setting. Family process variables, such as child-rearing practices, also have an influence. Parental disciplinary practice is reported to be a better predictor of children's social behaviour in kindergarten for children enrolled in child care after age one than is the care provider's approach to discipline.[137] The reality of childrearing as a collaborative endeavour between the child's home and the child care setting is illustrated by two American studies. Both report that the combination of aspects in the home and in child care are more predictive of child development than measures that reflect only the home or only the child care environment.[138]

Conclusion

The case of the missing 50 per cent underlines the necessity of considering a wide range of elements as potential contributors to child care quality, not just structural elements.

The Possible Dynamic Interaction Among Elements

The influence of ratio and group size appears to be greater when they are combined with other elements, especially if one of the others is care provider education.[139] For example, one study found that the combination of ratio, group size, care provider education and the extent to which the program was individualized for children accounted for 37 per cent of the variability in children's social adjustment.[140] The recent four state, 400 centre *Cost, Quality* *and Child Outcomes in Child Care Centers* study[141] explored the extent to which a variety of elements contributed to overall quality as measured by the ITERS or ECERS. Its statistical analysis (also hierarchical regression) found that the combination of ratio, group size, care provider education, director education and experience, level of state licensing regulations, auspice, staff turnover and staff wages accounted for just under 50 per cent of the variation in total ITERS or ECERS score.

The stronger association with quality found for a cluster of elements may be partly explained by the dynamic interaction among them. Perhaps the ability of a care provider with specialized early childhood education training to provide high quality care is enhanced when ratio and group size are favourable. Whatever the dynamics, the strong influence of ratio, group size and care provider specialized training as a cluster suggests that all three should be regulated.

Chapter Summary

The structural elements of ratio, group size and care provider educational background each influence children's experience in child care. While research demonstrates that a certain level of these structural elements increases the likelihood of quality, it does not guarantee it. Other elements, such as care provider compensation levels and organizational climate within a centre, are also important.

CHAPTER 3

Contextual Elements: What Does the Research Tell Us?

> Early childhood education is both physically and emotionally demanding. [It is important to ensure that] ...policies, practices, the physical environment and organizational values are responsive to staff needs.[142]

Introduction

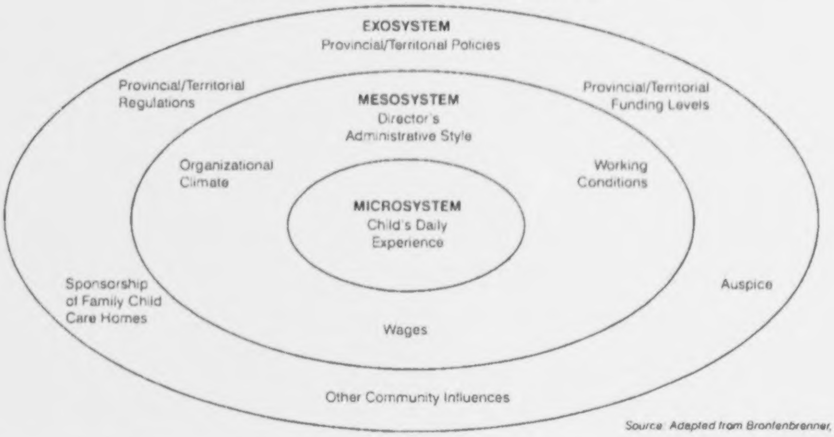
The structural elements discussed in the two previous chapters can be thought of as inputs that set the stage for a day-to-day experience that supports or fails to support, child well-being and development. While important, they are not sufficient to ensure quality. Contextual elements are other variables outside the family child care home or the centre classroom that influence quality. The contextual elements associated with quality that have been researched are:

- the director's administrative style;
- the organizational climate;
- auspice;
- wages and working conditions;
- sponsorship of family day care homes;
- government regulation; and
- government funding.

As illustrated by Figure 1, Bronfenbrenner's ecological model can be adapted to provide a framework for understanding the influence of contextual elements on the child's daily experience. The group to which the child belongs, classroom or family day care home, can be thought of as the microsystem. It is composed of the physical setting, the interaction between care provider and child and the interaction among the children. This microsystem is embedded in and influenced by the centre or by the agency, in the case of family child care homes sponsored by agencies (the mesosystem). For example, the care provider's behaviours are influenced by family child care agency or centre policies and the director's administrative style. The centre or family child care agency, in turn, is embedded in the jurisdiction in which it operates (the exosystem). It is influenced by provincial/territorial government policies, practices and regulations and by other influences in the exosystem; for example, community norms. Carrying the analogy forward, the community and the province/territory are embedded in the society as a whole (the macrosystem). As a result, they are influenced by societal attitudes, values and goals and by the legislation that enshrines them.

FIGURE 1

AN ECOLOGICAL MODEL OF CHILD CARE


EXOSYSTEM
Provincial/Territorial Policies
Provincial/Territorial Regulations
Provincial/Territorial Funding Levels
MESOSYSTEM
Director's Administrative Style
Organizational Climate
Working Conditions
MICROSYSTEM
Child's Daily Experience
Sponsorship of Family Child Care Homes
Auspice
Wages
Other Community Influences

Source: Adapted from Bronfenbrenner, 1979

The Influence of the Mesosystem

For the purposes of this discussion, the mesosystem is defined as:

- the director's administrative style;
- the organizational climate;
- wages; and
- working conditions.

The Director's Administrative Style

A recent 400 centre study examined the director's administrative style through surveying frontline staff perceptions of: the effectiveness of the centre's organization; the extent of the director's involvement in curriculum planning; and the extent of the director's involvement in the early childhood education professional community.[143] The study reports an association between each of these three variables and overall centre quality as measured by the ITERS or ECERS. The data only allow hypotheses about the mechanisms whereby these elements influence quality. An efficiently operated centre with clear expectations may be less stressful to work in than a poorly run program. Perhaps involvement in curriculum planning is a proxy for director involvement with children and staff in their day-to-day activities. Director involvement in the professional community may encourage professionalism among the staff.

The director's personal style, whether controlling or collegial, influences the care providers' job satisfaction. In turn, an association has been found between the extent of the care providers' job satisfaction and the likelihood of their being restrictive and controlling with the children.[144] Perceived opportunities for real input into centre policy and program development[145] and regular opportunities to discuss individual children and/or work[146] predict job satisfaction. Perceived lack of feedback and support from the director has been found to be associated with job dissatisfaction.[147]

The Organizational Climate

The term "organizational climate" refers to the conditions that exist in the workplace based on the collective perceptions of the employees. It has been described as the distinct atmosphere or personality that permeates a child care program, whether it be warm, supportive and enthusiastic or harsh, mistrustful and tense.[148] It differs from job satisfaction which is an individual perception of the degree to which individual needs and expectations are met.[149] Nevertheless, organizational climate and job satisfaction are closely related. In the educational system, job satisfaction is higher in schools where there are many opportunities to interact, some degree of job autonomy, opportunities for frontline staff to have an influence and a generally collegial atmosphere.[150]

Only three studies were located that have explored the influence of the organizational climate on child care quality. One found that staff in programs assessed as high quality using the NAEYC accreditation assessment instrument held more positive perceptions about their work environment than did care providers in other centres. Turnover rates were also lower.[151] The two other studies examined the association between organizational climate and whether the centre had or did not have NAEYC accreditation.[152] Both found that the accredited programs rated significantly higher on organizational climate as measured by a standardized instrument developed specifically for child care programs.[153]

One of these studies, which involved 60 accredited and 320 non-accredited centres, reports that the following elements had the most influence in distinguishing the two centre groups: a) innovativeness; b) goal consensus; c) opportunities for professional growth; and d) clarity in the definition and implementation of policies, procedures and responsibilities. The term "innovativeness" in this study referred to the extent to which care providers perceived the centre as encouraging diverse opinions, emphasizing the use of creativity to solve problems and being willing to adapt. Goal consensus referred to the extent to which staff agreed on the goals and objectives of the program, that is, shared a common vision. The same study also reports that respondents at accredited centres ranked frontline staff's current level of decision-making influence higher than did staff in non-accredited centres. The researcher speculates that a comfortable level of decision-making influence enhances care providers' sense of self-efficacy and feelings of involvement with and belonging to the centre.[154]

Wages

Three large multisite studies have identified low salaries as a major reason for the high staff turnover and poor quality found in many American child care centres.[155] One study reports that care providers with salaries at the lower end of the range left their jobs at twice the rate of those with higher salaries.[156] In that study, staff salary level was the best predictor of the quality of the child development environment for infants, toddlers and preschoolers. Another study reports that salary level was the second best predictor of overall program quality.[157] This finding held true even after controlling for other elements; for example, care providers' specialized education related to child care.

Canadian research has found that salary levels for child care providers are very low, especially in contrast with those available in other occupations for people with similar educational levels. As in the United States, staff turnover rates are high.[158] No Canadian research has explored the link between salary level and either process quality or child development.

Researchers have suggested that the consistent association between care provider wage levels and process quality may mean that wage level is a proxy for factors other than structural elements. These factors may include staff perception of being valued or staff morale.[159] One study tested a series of variables that have been associated in the research with high turnover rates and found that wage level, care provider educational level and the turnover rate within the centre were the only significant predictors.[160] Care providers with higher education levels were more likely to remain at their job if they earned wages at the higher end of the continuum, worked in a centre with a higher percentage of well-trained staff and were in a situation where the other well educated staff and the director remained on the job. The researchers note that:

> ...the absence of capable co-workers makes the already challenging job of creating a well-functioning environment for children even harder. Like any team process, it takes time and effort to establish the communication between teachers necessary to create and maintain a smoothly-operating classroom. ...The loss of the director—the person who is responsible for establishing and maintaining the tenor and structures that influence the work environment—may also understandably lead other employees to reconsider their own relationship to the job. Multi-faceted benefits can therefore result from paying higher wages: they enable a center to attract individuals who are better-trained and to create and sustain a staffing pool of higher caliber which itself promotes stability among qualified staff.[161]

Working Conditions

When care providers are dissatisfied with their jobs they are more likely to be harsh and restrictive with the children[162] and less likely to provide activities that will support and encourage child development.[163] Job dissatisfaction has been found to be associated with a larger number of children per care provider[164] and with lack of paid preparation time.[165] The American *National Child Care Staffing Study* found that job satisfaction was predicated by the extent to which adult needs were met as measured by the ECERS.[166] The ECERS looks at the availability of a staff lounge, a separate staff washroom, a staff meeting area, storage for personal possessions and opportunities for professional growth.

The Influence of the Exosystem

For the purposes of this discussion, the exosystem is defined as:

- auspice;
- sponsorship of family day care homes;
- government regulations; and
- government funding.

Auspice

The operation of for-profit child care has been controversial in Canada for many years. The findings quoted from research studies have fuelled this controversy. There has been a tendency to report research in a way that lumps the findings related to all for-profit programs together and then contrasts them with the findings for all non-profit programs. This leads to oversimplification. In Canada, the for-profit category includes unincorporated owner-operators of one or two programs, centres or homes that are part of a local system with two or more settings and national corporations operating multiple centres in several provinces. Non-profit programs may be sponsored by a parent group, a non-profit organization such as the YWCA, a voluntary board of directors, a municipal government or an Indian band. As is discussed below, in some cases differences within the two sectors are almost as large as differences between them.

When only the two broad categories of for-profit and non-profit are used, Canadian research consistently reports an association between for-profit status and lower levels of global quality,[167] greater incidence of violation of government regulations,[168] lower levels of care provider education,[169] lower salary levels[170] and higher turnover rates.[171] These findings duplicate those reported by the larger body of American research.[172] One Canadian study reports that staff in non-profit programs obtained higher scores on a standard assessment of adult-child interaction and provided a more balanced range of activities for the children.[173] This is similar to the finding by a five state study that care providers in non-profit centres were more likely to provide developmentally appropriate care.[174] Collectively, these findings suggest that high quality is more likely to be found in non-profit than in for-profit programs. The emphasis is on "more likely" for there are high and low quality programs in both sectors.

When the influence of different types of sponsor within the non-profit sector is explored, there is some indication that variation within it may be almost as large as between the non-profit and for-profit sectors. An Ontario study compared: a) for-profit centres, b) centres operated by a non-profit parent group or community board, c) non-profit centres operated by an operator-appointed board and d) church-sponsored centres.[175] In the previous year, 46 per cent of owner-appointed boards and 46 per cent of church-sponsored centres had been in violation of government regulations for ratio in contrast to 15 per cent of parent or community board centres. In the same time period, 54 per cent of for-profit centres were in violation of this regulation. Thus some types of non-profit centres had nearly as high an incidence of non-compliance as did for-profit centres. Similarly, violation of staff training regulations in the same period was 14 per cent for parent/community board centres, 41 per cent for church-sponsored centres, 46 per cent for owner-appointed board centres and 50 per cent among for-profit centres. Again some types of non-profit centres were much more like for-profit centres than they were like other non-profit centres. Similar variation within both the for-profit and the non-profit sectors was found in a study conducted in Alberta.[176] The extent to which governance was truly at arm's length probably varied considerably in the Ontario study between parent/community board-operated programs and those sponsored by an owner-appointed board or a church. This factor, rather than non-profit status per se, may have exerted an influence on compliance with government regulations.

Canadian studies report that centres operated by municipalities provide higher salaries and more benefits, have more favourable ratios and lower staff turnover rates than other non-profit programs.[177] The important factor here may be that municipal centres are less reliant on parent fees than other types of programs because of higher subsidization levels; for example, rent-free space.[178] If municipal centres charge similar fees to those charged by other centres in the community, they have more money to spend on wages and benefits.

It has been suggested that the differences noted above between the for-profit and non-profit categories are the result of the absence of direct government grants to for-profit programs.[179] However, two Canadian studies conducted at a time when the respective provincial governments were providing grants to both for-profit and non-profit centres found that non-profit status was associated with indicators of higher quality.[180] A more recent hypothesis is based on the observation that making a profit for the shareholders is the primary goal of for-profit centres and it influences all personnel and programming decisions.[181] Furthermore, it is not balanced by any obligation to a parent or community board of directors. This may hold true for corporations but may not apply to the owner-operator of a single centre.

In conclusion, the influence of auspice is more complex than it has often been portrayed. The differences within sectors suggests that various factors are at work and quality depends upon more than simply the auspice label.

Sponsorship of Family Day Care Providers

Some jurisdictions in both Canada and the United States license agencies to sponsor a number of family day care homes instead of licensing individual providers. The sponsorship situation requires the agency to provide regular, on-site supervision in each home and may also require the provision of training for each provider. Sponsoring agencies sometimes organize and facilitate care provider mutual support groups among the homes they sponsor.

A Canadian study found that sponsored homes obtained significantly higher ratings on a global measure of quality (the Day Care Home Environment Rating Scale).[182] Generally the tone and quality of care provider and child interaction in the sponsored and non-sponsored homes were similar. However, the sponsored homes obtained substantially better scores on items dealing with health and safety, the arrangement of space, the provision of varied activities and parent relationships. American studies report that care providers in supervised homes are more involved with the children and spend more time in activities that support and encourage child development.[183] The exception is one study that found no difference on a global measure of quality between sponsored and non-sponsored homes.[184]

Home-based child care providers are often alone during the actual hours of providing care and many report feeling isolated from adult contact.[185] Sponsorship may exert an influence on care provider behaviour through its provision of regular contact with other adults, whether agency home visitors or other care providers, thereby reducing feelings of isolation. A study in Israel found that the frequency of individual supervision that care providers received from their sponsoring agency (once a week or less frequently) predicted the quality of their interaction with the children.[186]

Canadian[187] and American[188] research reports a significant association between involvement in a family child care provider support network and the quality of the care provided to the children. A family child care provider is quoted as saying that belonging to such a group fosters a feeling "that you are not just a babysitter."[189] Her statement implies that membership gives a sense of career and that this may encourage the provision of planned activities.

Government Regulations

Where child care is government-operated, as it is in parts of Western Europe, the establishment and enforcement of standards is done as part of the administration of the system. In North America, where child care is primarily delivered by voluntary organizations and commercial operators, governments regulate child care by establishing standards that must be met in order to obtain a licence to operate.

In Canada, centres must be licensed. However, family child care providers can operate without a licence provided they do not exceed a certain number of children as specified in the provincial or territorial child care legislation. Canadian research reports that licensed family child care providers obtain higher scores on the Day Care Home Environment Rating Scale than do their unlicensed counterparts.[190] One of the studies also examined children's language development. It found that the mean scores on language tests of children in unregulated homes were significantly lower than those of age-mates in regulated family child care.[191]

The level of regulatory requirements, not just regulation per se, also exerts an influence on child care quality. A Canadian study reports that a group of centres in Ontario obtained a mean total score on the ITERS of 5.43 in comparison to the mean total score of 4.31 obtained by a group of centres in Alberta.[192] At the time of data collection, ratio requirements were identical in both provinces. However, Ontario required one care provider with each group of children to have, as a minimum, a two-year course in early childhood education. Alberta had no requirements for preservice education (requirements have since been instituted). The same study found an association between mean total score on the ECERS and the combination of ratio and preservice education regulations across six provinces. While the association was not statistically significant, the three provinces with the highest regulatory standards obtained the highest mean scores. These findings are consistent with the reports from three multistate American studies.[193] In all three studies, centres in states with higher regulatory standards obtained higher scores on the ITERS or ECERS.

The above findings indicate that regulation can encourage quality by setting standards for structural elements and that higher standards are associated with a greater likelihood of quality. However, Canadian studies in two provinces have reported high levels of non-compliance with government regulations.[194] This suggests that regulation can only be effective if there is both adequate monitoring for compliance and strict enforcement of the required standards.

Government Funding

On the basis of a survey of 227 centres in five American states, one study concluded that:

> ...better quality centers paid higher wages, had more teachers caring for fewer children, employed better educated and trained staff, had lower staff turnover and better adult work environments.[195]

This finding points to the possible influence of the operating budget level on quality. Canadian child care is heavily dependant on parent fees for revenue.[196] Fees have to be kept low so that a sufficient number of parents can afford them and thus maintain the financial viability of the program. Government grants, other than fee subsidy, assist centres by providing additional operating funds. However, no Canadian research has examined the influence of government grants on child care quality. The American *Cost, Quality and Child Outcomes in Child Care Centers* study[197] did. It compared centres not receiving any government funding with centres that:

- were operated by a municipality, school or college; or
- obtained more than half their revenues from state reimbursement of fees for subsidized children; or
- received more than half their revenue from a variety of public sources with at least 10 per cent of their total revenue coming from funding of special services rather than from fee subsidization.

The above categories are somewhat problematic. Therefore, this report only discusses the findings related to the comparison between publicly-operated programs and programs classified as receiving no government funding. The rationale for excluding the findings related to the other two government-funded categories noted above is as follows. Apparently there was no significant difference in parent fees among any of the government-funded categories and the non-government funded centres. As a result, centres that only received fee subsidies had no higher revenue than non-government funded programs. It is not surprising that there was very little difference between this group of government-funded centres and centres receiving no government funding. No information is provided about the special services offered by centres receiving funding from a variety of public sources, nor the cost of providing these special services, nor the percentage of centre revenue coming from fee subsidization. As a result, the extent of government funding for straight child care provision, other than fee subsidy or special services, is unknown.

The publicly-funded centres as a group, in comparison to all non-government-funded centres as a group:

- had higher levels of in-kind donations; for example, rent-free space. In two of the four states, the estimated value of total in-kind donations for publicly-operated centres was 0.56 in contrast to 0.21 for non-government funded programs. In the other two states it was 0.48 in contrast to 0.10;[198]
- paid higher salaries to directors, teachers and aides and provided more benefits to people in all three job categories. The difference was statistically significant for both wages and benefits;
- had directors with higher levels of overall education and more early childhood education and the highest percentage of care providers with at least an associate degree (two years) in early childhood education. The difference was statistically significant for both staff categories;
- had significantly more favourable ratios; and
- obtained a significantly higher rating on process quality.

The researchers do not speculate about their findings. The publicly-operated centres did not obtain government grants per se; however, the government funding to their sponsoring organizations enabled these organizations to provide the child care centres with in-kind donations. These in-kind donations may have been what enabled the centres, while charging similar fees as other centres, to have more favourable ratios and to pay higher wages, thereby attracting staff with higher qualifications. As discussed earlier in this paper, research has demonstrated an association between quality and each of ratio and care provider education.

The above findings support the value of government funding over and above fee subsidization as a means of encouraging quality. They do not address the level of funding that might be needed in order to make a difference. Using the data on ratio, group size and staff educational level and the total scores obtained on the ITERS and ECERS, the *Cost, Quality and Outcome* study estimates that increasing total ITERS and ECERS scores from 4.0 to 5.0 would cost between 12 to 16 cents per child per hour, depending on the age of the children.[199]

Chapter Summary

The term "contextual elements" refers to elements other than structural elements that are outside the individual home or room but influence the quality within it. Figure 2 illustrates the associations reported by the research. It shows that contextual elements appear to exert their influence through their impact on the level of the care provider's job satisfaction. They do this through a variety of pathways. Job satisfaction, in turn, influences the staff turnover rates, care provider behaviour and through them, the overall quality of the program.

Auspice, sponsorship of family day care, government regulations and government funding influence what goes on in the centre or the family day care agency; for example, policies and overall wage levels. The director's administration style (whether director of an agency or a centre), the organizational climate, the individual provider's wages and working conditions exert their influence on the individual home or room.

Aspects of the director's administrative style that seem to be particularly influential on care provider job satisfaction are: the provision of support, a well-organized but flexible working environment, opportunities for input into program policies and practices and opportunities for professional growth. Job satisfaction is associated with an organizational climate that is supportive and encourages creativity. Not surprisingly, wages and working conditions also influence levels of job satisfaction. Job dissatisfaction is associated with high rates of staff turnover and higher rates of harsh and restrictive care provider behaviour with children.

Canadian research consistently reports an association between for-profit status and lower levels of structural elements and overall quality. However, considerable variation has been found within both the for-profit and the non-profit sectors. Some types of non-profit programs, namely those whose governance does not appear to be truly at arm's length, have characteristics that are more similar to for-profit centres than to other non-profit centres. In the for-profit sector, the motivations that influence staffing and programming decisions may be very different between an owner-operator of a single centre and the chief executive officer of a national corporation operating many centres in different provinces.

The provision of family day care has been identified as an isolating experience since the provider is usually the only adult present while providing care. Agency sponsorship of family day care homes is associated with higher ratings on global measures of quality. Sponsorship may exert a positive influence through reducing isolation and providing opportunities for professional development.

Government regulations and funding, like structural elements, are enablers. Canadian as well as American research reports an association between quality as measured by the ITERS and ECERS and the level of government standards pertaining to ratio, group size and staff education. However, fairly high rates of non-compliance are also reported. As a

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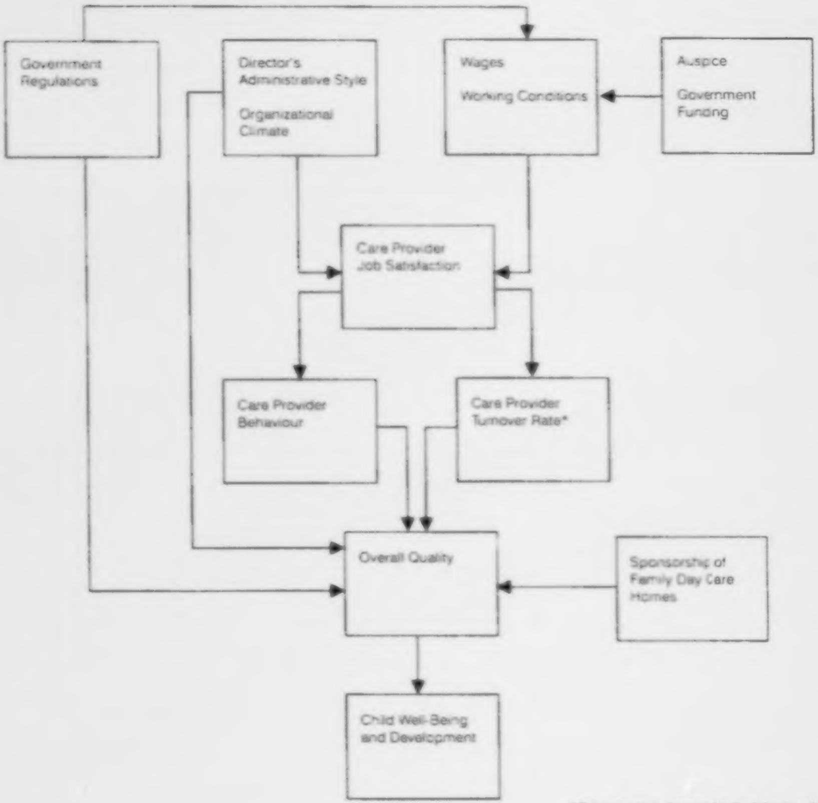
result, compliance must be monitored and enforced if regulatory standards are to be effective. One study, involving 400 centres in the United States, examined the influence of government funding other than fee subsidization. Its findings suggest that such additional funding enables centres to pay higher wages, thereby attracting and keeping staff with higher levels of education. The government-funded programs also obtained higher ratings on process quality.

Figure 2 below illustrates the pathways of influence for contextual elements.

FIGURE 2

PATHWAYS OF INFLUENCE FOR CONTEXTUAL ELEMENTS


Government Regulations
Director's Administrative Style
Organizational Climate
Wages
Working Conditions
Auspice
Government Funding
Care Provider Job Satisfaction
Care Provider Behaviour
Care Provider Turnover Rate*
Overall Quality
Sponsorship of Family Day Care Homes
Child Well-Being and Development

* Turnover rate is discussed in the following chapter.

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CHAPTER 4

Process Quality: What Does the Research Tell Us?

> Across all levels of maternal education and child gender and ethnicity, children's cognitive and social concurrent development are positively related to the quality of their child care experience.[200]

Introduction

The structural and contextual elements discussed in the previous chapters influence the nature and characteristics of the child's daily experience. This chapter looks at some of the elements involved in that experience. Those that have been researched are: a) the interaction between care provider and child; b) the types and variety of experiences provided; c) the extent of care provider consistency; and d) parent involvement.

The Interaction Between Care Provider and Child

Research shows that the most important ingredient of high quality early education and care is the relationship between the teacher and the child.[201]

Studies conducted in Bermuda,[202] Canada,[203] England,[204] the United States[205] and Sweden[206] all report an association between the sheer amount of interaction between child and care provider and the child's development. This finding is reported for both family- and centre-based care. Where there are low levels of interaction between adult and child, children are less engaged with their environment and spend more time in aimless wandering,[207] have lower levels of language development[208] and lower developmental levels of play.[209]

One study found that the amount and type of interaction between child and care provider when the child was an infant accounted for 22 per cent of the nature of peer behaviours when the children were preschoolers and 11 per cent of the variance in behaviour problems across children when they were in kindergarten.[210]

On the basis of the research to date, the aspects of the adult-child interaction that appear most associated with high quality are:
- care provider sensitivity and responsiveness;
- care provider active interest and encouragement;
- care provider encouragement of verbal exchange; and
- reciprocal rather than directive interaction.

While research on the topic appears to be lacking, the professional literature acknowledges the importance of the care provider understanding valuing and addressing cultural differences.[211]

Sensitivity and Responsiveness

A "sensitive" care provider is warm, supportive and alert to the child's mood and situation. One who is classified as "responsive" is actively involved with the children in a reciprocal fashion. For example, the care provider engages children in reciprocal social games, asks questions and encourages children to express their feelings and ideas and is tuned into and reacts to the children's verbal and non-verbal cues.

Three large multistate studies report that children with more sensitive and responsive care providers are more likely to have a secure attachment to the care provider.[212] This is consistent with the reports from smaller, single site studies.[213] This finding is important because it is believed that "children cannot truly learn in a child care setting unless they feel safe and secure."[214] Research has also found that toddlers and preschoolers with sensitive, responsive care providers are more likely to engage in active exploration of their environment.[215] This, in turn, increases their opportunities to learn.

Care provider sensitivity and responsiveness also have a direct influence on child behaviour and development. Children whose care providers are sensitive and responsive, when compared with age-mates in the care of less sensitive and responsive adults, have higher levels of: positive behaviours with peers,[216] social competence[217] and language and/or cognitive development.[218] A positive association between care provider sensitivity and responsiveness and child behaviour and/or development has been found in both family- and centre-based care.

Care Provider Interest and Involvement

Children whose care providers show an active interest in the children's activities and provide ample encouragement have been found, while still in the program, to have higher rates of exploratory behaviour than children whose care providers are less involved with them.[219] There is also a direct influence on children's behaviour and development. High levels of care provider interest and involvement are associated with children who engage in greater amounts of social pretend play and have higher rates of positive affect and interaction with peers.[220] Children having this type of care also obtain higher scores on measures of social competence,[221] have higher levels of language development[222] and show more advanced cognitive development.[223]

The positive influence of care provider interest and involvement while the child was a preschooler has been found to be associated with children who, in kindergarten, are rated as having higher verbal intelligence, better task orientation and more consideration for others than children whose care providers were less involved with them.[224]

The positive association between level of care provider interest and involvement and child behaviour and development has been found in both family- and centre-based care.

Care Provider Encouragement of Verbal Exchange

Studies conducted in centres have found an association between the sheer amount of verbal stimulation and opportunities for real exchange of information and both children's social competence[225] and children's language development.[226] Research suggests that the key to encouraging language development is joint adult-child focus on an activity or object and the two-way exchange of information and ideas.[227]

Reciprocal Rather than Directive or Restrictive Interaction

Care provider behaviour is classified as "directive" when the interaction between adult and child is primarily directed by the adult with little regard for the child's needs, wishes or responses. For example, telling a child to do something is directive, engaging the child in a discussion of what the child would like to do is non-directive. Larger amounts of verbal exchange between care provider and child (two-way communication) have been found to be associated with higher levels of child social competence[228] and higher levels of language development.[229] In contrast, high levels of directive or restrictive interaction are associated with poorer language development[230] and poorer performance on tests of cognitive skills.[231]

Understanding, Appreciating and Addressing Cultural Difference

As recently noted by a Canadian university instructor,[232] child provider preservice education continues to be based on a standard model of professional practice that ignores the realities of cultural diversity. She and other commentators, have noted that different cultures have different ways of viewing the world, different preferred ways of social organization, different language patterns, different learning styles and different concepts of acceptable behaviour.[233] Effective and high quality child care provider interaction requires understanding and appreciating differences and figuring out when and how child care practices should be adjusted in order to be appropriate for the child in question. [234]

What Predicts Care Provider Interaction Style?

As discussed previously, care provider behaviour and hence the characteristics of the interaction between adult and child, is influenced by:

- care provider education, especially specialized training related to the provision of child care;

- aspects of the child care environment such as the safety of the setting and the ratio of children to care provider; and
- aspects of the adult work environment; for example, a centre or agency director's management style.

The Types and Variety of Experiences Provided

A predictable daily routine that combines organized activities with flexibility for children to choose what they want to do is associated with children who obtain higher scores on cognitive and/or language tests than do peers in a situation that does not include predictable routines and activities.[235] It is important that the activities initiated by the care provider be "developmentally appropriate." This has been defined as programming that encourages children to actively participate in their environment, takes into account their prior cultural and other experiences, acknowledges their interests and is appropriate for their level of development.[236] High levels of developmentally appropriate practice have been found to be associated with children who exhibit higher levels of creativity than children in less developmentally appropriate situations,[237] higher levels of positive peer interaction[238] and better language skills.[239] Children in situations that are not developmentally appropriate (for example, involve a high level of teacher-directed activity and "academic" drills) show high levels of stress behaviours.[240]

Centre-based care providers are more likely to provide developmentally appropriate activities when they have education related to child care,[241] are working in a situation with a favourable ratio,[242] have a small group of children[243] and are satisfied with their job.[244] Larger group sizes in family day care are associated with providers who provide fewer individual activities for the children.[245]

The nature of the interaction between care provider and child and the types and variety of experiences provided tend to go together. "Good quality programs are likely to have varied play environments where caregivers extend and elaborate on children's play and set few limits."[246]

Care Provider Consistency

A secure attachment with the primary care provider(s) gives the child the sense of security necessary to reach out and explore the people and things in the environment. The formation of such an attachment is based, in part, on the availability of consistent care providers who respond quickly, sensitively and appropriately to the child's needs. A stable care provider has greater experience with the child. As a result, the care provider is better able to understand the very young child's idiosyncratic ways of communication, thus increasing the likelihood of appropriate response. Frequent changes in care provider discourage the development and maintenance of consistent relationships.

The phrase "care provider consistency" can refer either to changes in care provider within a given program or changes in child care arrangement. Both influence child well-being and development.

Care Provider Changes Within the Same Program (Staff Turnover)

In centres, the consistent presence of the same care providers has been associated with lower levels of distress behaviours by children when dropped off by the parent[247] and higher levels of interaction between child and care provider.[248] Toddlers who experience consistent care providers spend more time in active involvement with their peers than do children experiencing high staff turnover.[249] At age four, children who had consistent care providers as toddlers show less aggression than peers who experienced a change in their primary care provider between 18 and 24 months of age.[250]

Four centre-based studies report that high rates of staff turnover are associated with lower scores on the ITERS or ECERS or measures of the quality of the interaction between child and care provider.[251] Staff in centres with high turnover rates are less likely to provide developmentally appropriate activities.[252] A multistate study involving 227 centres found that children in centres that had experienced high staff turnover during the previous 12 months had less secure attachment to their care providers than children in other centres, spent more time in aimless wandering and had lower developmental levels of play and poorer language development.[253] However, a study conducted in Bermuda reports mixed results. Children in centres with a higher turnover rate had lower scores than their peers in other centres on some measures of social competence, but did better on two measures of language development.[254] Although the turnover rate is not reported for the Bermuda study, it is possible that it was lower than the 41 per cent annual turnover rate reported by the above cited multistate study.

In summary, there appears to be an association between the consistent presence of the care provider and both the overall quality of the centre and the children's development.

What Predicts High Staff Turnover

As discussed previously, high turnover rates are associated with low wages and job dissatisfaction. Job dissatisfaction is associated with low wages, poor working conditions (such as too many children per care provider)[255] lack of opportunities to have input into centre policy and program development[256] and perceived lack of support from the centre director.[257]

The Number of Different Child Care Arrangements

Infants and toddlers who have experienced a number of changes in their child care arrangements have been found to have lower levels of peer social competence than peers who have not had this experience.[258] An American study reports that the stability of prior child care arrangements predicts academic progress in Grade 1.[259]

Parent Involvement

There appears to have been little research on the effect of parent involvement on child development in ordinary child care programs, as opposed to compensatory preschool programs that included parent education and/or regular home visits. A study of kindergartens in New Zealand[260] and family day care homes in the United States[261] both report an association between the amount of communication between teacher/care provider and parent and:

- the amount of interaction between child and teacher/care provider; and
- the amount of positive interaction with other children by the child.

The New Zealand study found that the incidence of positive peer interactions by the child was higher in situations where the relationship between teacher and parent was "balanced" (that is, neither adult dominated the other or failed to respect the other) and there was real two-way communication around substantial issues.

Two centre-based studies, one from Canada[262] and the other from the United States,[263] found that early childhood programs with a high score on the ITERS or ECERS provided parents with a variety of opportunities for involvement in decision-making; for example, as members of a parent advisory committee or the centre's boards of directors. However, it is not possible to determine if the high global rating on quality resulted from parent involvement or if high quality programs are more likely to actively seek parent involvement.

Together, the four studies cited above suggest that parent involvement is important for quality; however, additional research in this area is clearly needed.

The care providers and centre director are the key figures in fostering parent involvement. They provide or fail to provide, the environment in which the parent feels welcomed, valued and perceived to be a real partner. One study explored the factors associated with promotion of parent involvement in kindergarten. Teachers who had been trained in early childhood education and were working in a school where the administration encouraged parent involvement were found to be the most likely to believe that it was important to establish a partnership with the parent and to act accordingly.[264]

Chapter Summary

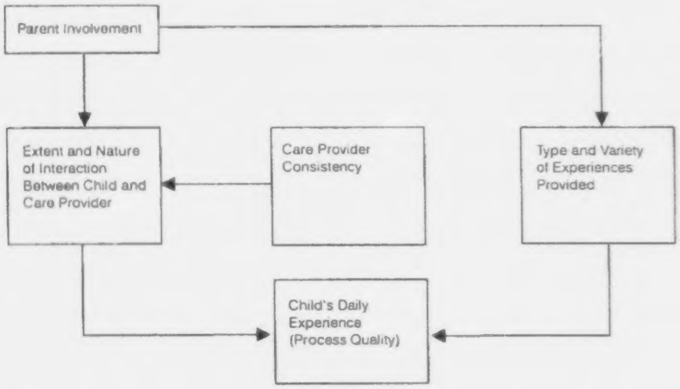
The quality of the child's day-to-day experience is influenced by each of: the amount and type of interaction with the care provider, the types and variety of experiences provided, care provider consistency and the extent and nature of parent involvement.

As illustrated by Figure 3, the impact of parent involvement and, probably, of care provider consistency, is through their influence on care provider behaviour. Parent involvement may also influence the type and variety of experiences provided. The types and variety of experiences provided exert a direct influence on the child's daily experience.

On the basis of the research to date, the aspects of the adult-child interaction that appear most associated with high quality are: care provider sensitivity, responsiveness, active interest and encouragement; the provision of true verbal exchange; and reciprocal rather than directive interaction. There is a growing awareness of, but no research into, the importance of care provider understanding, valuing and addressing cultural differences. Children's development appears to be best enhanced by a routine that combines organized activities with flexibility for children to choose what they want to do. It is important that the activities initiated by the adult be appropriate for the child's development level and take into account the child's interests and his/her prior cultural and other experiences. Activities that are not developmentally appropriate are associated with stress behaviours in children.

FIGURE 3

PATHWAYS OF INFLUENCE ON THE CHILD'S DAILY EXPERIENCE (PROCESS QUALITY)


Parent Involvement
Extent and Nature of Interaction Between Child and Care Provider
Care Provider Consistency
Type and Variety of Experiences Provided
Child's Daily Experience (Process Quality)

Glossary

Accreditation
A process by which a representative body, recognized by both the service community and the community in general, establishes standards for services. These standards are above the minimum regulatory requirements set by government. Programs apply on a voluntary basis for evaluation against the standards and, if found to meet or surpass them, are granted a certificate that recognizes this fact.

Appropriate caregiving
In the National Child Care Staffing Study and some other research, this phrase specifically refers to the total score from a group of items in the Early Childhood Environment Rating Scale (ECERS). These items pertain to: the interaction between care provider and child, supervision, disciplinary practices and health and safety practices.

Auspice
Who or what operates a child care program; for example, an owner-operator of an individual centre, a parent board of directors, etc.

Care provider-to-child ratio
The average number of children per care provider. A favourable ratio is when the care provider is responsible for relatively few children.

Child Development Associate (CDA)
A credential granted in the United States to experienced child care providers who entered the profession with little or no preservice education related to child care but who were able to demonstrate that they have certain competencies.

Developmentally appropriate activities
In the National Child Care Staffing Study and some other research, this phrase refers specifically to the total score from a group of items in the Early Childhood Environment Rating Scale. These items pertain to the extent to which the furnishings, the arrangement of physical space, the toys and equipment and the program policies are appropriate for the developmental level of the children being served.

Detachment
An observable lack of involvement with the child by a person who is supposedly looking after the child; for example, a care provider who passively watches a group of children but is not involved with them.

Early Childhood Environment Rating Scale (ECERS)
An assessment that is completed on-site and examines the extent and/or appropriateness of the following program dimensions: personal care routines for children, creative activities, language and reasoning activities, furnishings and equipment and their use, fine and gross motor activities, stimulation of social development and the way in which the needs of adults (both parents and care providers) are met.

Family Day Care Environment Rating Scale
A companion scale to the Early Childhood Environment Rating Scale, specifically designed for use in family day care homes.

Harshness
Care provider behaviour that is critical of the children and/or involves scolding or threats as a means of behaviour control.

Incidence
The frequency with which something occurs.

Infant/Toddler Environment Rating Scale (ITERS)
A companion scale to the Early Childhood Environment Rating Scale, specifically designed for use in rooms serving infants and/or toddlers. It covers the same aspects of child care.

Mentoring
The pairing of a less experienced care provider (or a student) with an experienced care provider who provides support and supervision.

Ratio
See care provider-to-child ratio.

Responsiveness
Care provider behaviour that is characterized by reacting appropriately and promptly to the child's verbal or non-verbal bids for attention and answering children's questions. It includes having expectations that are appropriate for the child's developmental level and past experience, providing activities that are developmentally appropriate and being sensitive to the child's current mood.

Restrictiveness
Adult behaviour that controls and limits the child's activities to an inappropriate degree.

Secure attachment
The type of relationship between a child and care provider (or parent) in which the child feels able to rely on the emotional and physical availability of the adult to provide assistance if required.

Sensitivity
Care providers who are sensitive, aware of the child's developmental level and mood and behave in a fashion that is consistent with this awareness.

Significant or significance
A statistical term identifying the extent to which a relationship between two items (for example, between care provider responsiveness and child language development) is likely to have occurred by chance.

Sponsorship
In some provinces and states, family-based child care providers operate under the sponsorship of an agency or municipal government. In these situations, the sponsor usually negotiates with the parents and provides the care provider with support, such as home visits and training.

Staff consistency
The extent to which staff members remain employed at the same program or continue to look after the same group of children.

Turnover
The frequency with which care providers leave a centre or, in family-based care, the frequency with which providers leave the child care field.

Variance
The extent to which members of a group differ from each other.

Verbal exchange
A two-way communication, as in a conversation as opposed to a situation that is dominated by one party; for example, when an adult directs a child to do something.

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Multiple Stakeholders: Multiple Perspectives

by Gillian Doherty

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Abstract

The extent to which a child care service is considered to be high quality depends on whether the person making the judgement is an expert, a child in the setting, a parent, a child care provider or a member of a specific community. Each stakeholder's perspective is based on his or her needs, values, beliefs and cultural/social context. Since perspectives on quality are based on values, beliefs and interests, the concept is dynamic and relative. At the same time, there are some values so critical to the well-being of children that they are universally perceived to be part of any definition of quality. Understanding and ensuring quality involves a continuous process of reconciling the perspectives of different stakeholders within the broader context of universal values. It is not a prescriptive exercise.

Research is beginning to identify similarities and differences in the perspectives of different stakeholder groups and also within these groups. For example, from the perspective of children, parents and experts, child care consistency is an important element for quality. However, different stakeholder groups also vary in their perspective of quality. From the perspective of very young children, a quality child care program is one with other children and "fun" activities. Ten- to 12-year-olds place much more value on activities in which they can develop specific skills, such as in crafts and sports. Parents, as a group, equate quality with warm adult-child interaction, provisions for health and safety and opportunities for communication with the care provider. However, parents' perspectives differ in other regards depending on their child's age, whether they are immigrants or part of a minority group or whether their child has special needs. From the perspective of the care provider, the child care program is high-quality if the salary and benefits are good, if the other staff members are friendly and supportive and if the setting supports them in their

child care role. Unlike the situation in most European countries, there is no Canada-wide consensus on the goals for child care and, as a result, no Canada-wide perspective on quality in child care.

The reality of different perspectives on what constitutes quality requires:
- *the identification of which stakeholders should be involved when;*
- *the development of effective mechanisms to enable and encourage broad stakeholder involvement;*
- *the determination and implementation of mechanisms to address conflicts of interest and contradictory needs; and*
- *balancing and blending universal elements of quality with the needs, wishes and characteristics of the children and families being served and the perspectives of the care provider and society at large.*

CHAPTER 1

The Reality of Multiple Perspectives

A quality environment for children is one that supports the child's whole development. However, what it means to support the child's whole development is embedded within the culture, within the specific historical and economic context and within the goals and values of the people designing and providing the child's care.[1]

Different Stakeholders: Different Perspectives

The extent to which a child care service is viewed as high quality depends on the perspective of the person making the judgement. In North America:

> Efforts to articulate the meaning of quality in early care and education have been the special reserve of researchers, professional organizations and advocates. Within the field, it is the members at the highest level of the profession—not direct service providers—who have shaped discussions about quality child care. Further, these groups have been largely dominated by white, middle-class voices.[2]

This is slowly changing. An increasing number of professional voices in North America have identified the need to broaden the definition of quality to encompass the perspectives of a wide range of stakeholders.[3] In so doing, they are moving towards the much more inclusive perspective on quality early childhood care and education found in the European countries.[4]

Lillian Katz, a past president of the United States National Association for the Education of Young Children (NAEYC), has suggested five perspectives, those of: experts, children in the child care setting, parents using child care, frontline child care providers and the community/society at large.[5]

Experts' Perspective

In contrast to parents, whose primary interest is their own children, experts and professionals in the early childhood field are concerned about children in general. As a result, they seek concepts of quality that are concrete, objective, quantifiable and, they hope, appropriate for a wide range of settings.[6] It is therefore not surprising that, as noted by Katz [illegible] experts focus on child care elements that they believe to be associated with expert-defined positive outcomes for children. These elements include: the number of children per care provider (the ratio), group size, the level and type of care provider education and the observable characteristics of the interaction between adults and children. While the expert perspective has served to enhance children's environments in child care, it is a closed system that does not encourage input by other stakeholders; for example, parents and children. The experts define the goals for child care, determine the research questions to be explored, interpret the data obtained and use their interpretations and conclusions to determine how the goals should be met.

Children's Perspective

The child's perspective revolves around how the child care setting is actually experienced by the child. For example, does the child feel welcome and protected by the adults and accepted by the other children? Does the child find the activities provided interesting? Does the child generally enjoy his or her child care experience? Ascertaining the quality of the young child's experience requires inferences to be made by others. However, research has found that children as young as age five can be quite explicit about what they like or don't like about a child care setting.[7]

Parents' Perspective

Katz focuses on the quality of the relationship between the parent and the care provider(s). She asks; for example, does the parent feel treated as an equal and that his/her goals and values for the child are respected? A broader view defines quality from the parental perspective as the extent to which the service meets parents' needs and priorities.[8] Many parents use child care because of commitments to work and/or education. A child care service does not meet their needs unless it is affordable, reliable, available when they need it and reasonably easy to reach from home and/or from their place of work or education. Once these basic needs are addressed, research indicates that parents' priorities are safety, cleanliness and adults who are warm and affectionate with the children.[9] As discussed in the following chapter, parents are not homogeneous. Their perspective is influenced by factors such as the age of their child and whether or not they belong to a minority or immigrant group.

Child Care Providers' Perspective

This perspective defines quality in terms of providers' experiences and working conditions. For example, to what extent are relationships among the adults working in the setting accepting, respectful, cooperative and supportive? To what extent do the policies, practices and physical setting assist the care provider to provide the type of care he or she knows is desirable? What opportunities exist for professional development and career advancement? What is the salary and benefit package? To what extent are the providers of the direct service given a real voice in policy and program decisions? Recently, experts have begun to include the child care providers' perspective in their perspective and have developed tools to measure the quality of the organizational climate.[10]

The Perspective of the Community and Society at Large

The term "community" can refer to a geographical area, to a cultural group within a larger society or to a group with shared interests or concerns; for example, the "community" of parents whose children have special needs or the business community. From a community perspective, a quality child care service is one that reflects and supports the values, beliefs and needs of the people served.

Different communities have different perspectives. Businesses must maintain productivity in order to survive. Thus, the business community needs child care that is dependable and will, as a result, reduce absenteeism. First Nations' communities are looking for child care that will support and foster their values, customs and languages and instill pride in their heritage in the children.[11] A priority for a parent whose child has special needs is the extent to which the program is willing to adjust in order to maximize the ability of the child to participate with the other children. Elementary school teachers view quality child care as that which equips children with the skills they need to succeed in the formal school setting.

Society at large needs to integrate the next generation into its norms and expectations and to support the current social fabric. Quality from this perspective includes the support of parents in their parenting role and the provision of assistance to children in the acquisition of effective peer relationship skills.

Different Countries: Different Goals

Just as the goals and objectives of different stakeholders vary at the individual child care setting level, so goals and objectives vary across countries. The social and economic context clearly drives the primary child care goal of protecting children's health and safety as found in most developing countries.[12] In contrast, the differing societal goals found in North America and Europe appear to be primarily value driven. The Scandinavian countries emphasize children's socio-emotional development;[13] the French government identifies helping children to learn how to establish cooperative relationships with peers as one of its goals;[14] while in the United States there is a strong emphasis on school-readiness.[15] A country's goal determines what is perceived as a desirable outcome and evidence of high quality. For example, in the United States quality tends to be evaluated by the extent to which children's language, cognitive or prereading and mathematics skills have developed.[16]

The Implications of Multiple Perspectives

The professional literature has started to identify some of the implications of the reality of multiple perspectives on child care quality. It notes; for example, that:

- the concept of quality is dynamic, its interpretation depends upon the perspective of the person involved and on the cultural and value context in which the concept is applied;[17]
- since perceptions of quality in child care are based on values, beliefs and interests, there may be only a few, objective, universal realities;[18]
- there are and will be discrepancies between perspectives on quality. Questions of whether and if yes, when, one perspective should be given more weight than another must be addressed;[19]
- understanding and ensuring quality "is a dynamic and continuous process of reconciling the emphases of different interest groups. It is not a prescriptive exercise;"[20]
- quality is not a product that can somehow be achieved once and for all, "but rather a process that is ongoing;"[21] and
- the definition, assessment and assurance of quality must be based on full and interactive participation by a broad range of stakeholders and the recognition of the roles of values, beliefs and interests of each.[22]

The above implications hold many challenges for the child care field. One challenge relates to the development of approaches, processes, mechanisms and tools to encourage broad participation in the determination, evaluation and encouragement of quality at the individual service, community and national levels. This challenge is revisited later in the paper.

Are There Any Universal Elements of Quality?

If quality is values-based and context-relative, does this mean that there are no quality elements in early childhood care and education? This question has been considered by early childhood educators and researchers from countries as diverse as the United Kingdom, Germany, Grenada, India, Nigeria, the Philippines, Portugal and the United States.[23] There appears to be agreement that there are some values that are so critical to the well-being of children that they should be a core part of any definition of quality. These are:

- **safe care**—supervision by adults that is appropriate for the child's age and development in his/her social/cultural context; safe toys, safe equipment and furniture;
- **healthful care**—settings and practices that meet basic hygiene standards and care, meet the child's nutritional needs, provide appropriate opportunities for rest and assist the child to gain skills in cleanliness and toileting;
- **individualized care that promotes equality of opportunity**—care that values all children equally regardless of gender, culture, race or level of ability/disability and respects their diversity;
- **care that provides developmentally appropriate stimulation**—the provision of opportunities for play and for the development of motor, social, language and cognitive skills;
- **care that is characterized by positive interaction with adults**—the provision of affection and a situation in which children can trust, learn from and enjoy the adults who care for them;
- **care that encourages individual emotional growth**—situations that allow children to operate independently, securely and competently; and
- **care that promotes positive relationships with other children**—an environment that allows children to interact with their peers and supports such interaction; for example, by providing adult guidance when required to assist the smooth running of the interaction.

It is important to note that there are numerous ways to respond to these universals and that responses can and should vary from culture to culture.

Chapter Summary

The extent to which a child care setting is considered to be high quality depends on whether the person making the judgement is an expert, a child in the child care setting, a parent, a child care provider or a member of a specific community. As discussed in the following chapter, in some cases the perspectives are the same. For example, experts, children and parents all view care provider consistency as a desirable aspect of a child care arrangement. However, research suggests that parents are sceptical about the value of training for the care provider while experts see it as a key indicator of quality. Since perspectives on quality are based on values, beliefs and interests, the concept is dynamic. At the same time, there are some values that are so critical to the well-being of children that they are considered an essential part of quality by all stakeholders. Understanding and ensuring quality involves a continuous process of reconciling the perspectives of different stakeholders within the broader context of universal values. It is not a prescriptive exercise.

CHAPTER 2

Multiple Perspectives: What Does the Research Tell Us?

> Cultural values influence expectations of how such issues as infant care, physical discipline, play that breaks gender stereotypes and academic instruction will be handled and these expectations often differ from professional orientations.[24]

Introduction

As discussed in the previous chapter, the extent to which a child care setting is perceived as being of high quality depends upon the perspective of the person making the judgement and that person's goals, values, beliefs and social/cultural context. This chapter discusses what the research tells us about the perspectives of experts, children, parents, child care providers and the community/society at large.

The Experts' Perspective

North American experts perceive the support and enhancement of children's development, particularly as it is associated with school readiness, as a major goal for early childhood care and education. Because they want to identify program characteristics that will apply to a wide range of child care arrangements, experts tend to focus on concrete, objective and measurable elements. Consistent with experts' perception of child care's goal, their focus is on elements that have been associated with the enhancement of children's social, language and cognitive skills. There is a high level of consensus among North American experts that the key elements of quality in the individual setting include: the number of children per adult, the group size, the amount and type of education the care provider has received, the amount and type of interaction among the children and adults, the extent to which the activities provided are developmentally appropriate, the consistency of the relationship between child and care provider and the characteristics of the work environment.[25] There is a growing recognition of the impact on quality of both the community infrastructure, such as educational opportunities for care providers and the policy context; for example, the stringency of government regulation.[26]

Children's Perspectives

Until recently it was accurate to note that the child's perspective "is generally not considered by researchers nor is it usually considered in program evaluation."[27] This is slowly beginning to change.

Children Under Age Six

A Danish study used face-to-face interviews to explore the likes and dislikes of 24 five-year-olds attending several early childhood centres.[28] The children's responses indicated that the most important "quality" element from their perspective was the presence of other children. The child care providers were valued to the extent to which they organized "fun" activities and were sources of help and comfort when needed. The availability of a wide variety of toys was also identified as making the centre enjoyable. The children disliked the lack of choice of what and when to eat, expressing the opinion that they should be allowed to get something to eat or drink when they wished, not when the staff said it was time.

An anecdotal report of a conversation between an American researcher and her four-year-old son illustrates the value children place on the consistency of relationship with their care provider.[29] When asked how he liked his new care provider, the young boy immediately asked in a worried voice whether she was going to stay at the centre. When assured that she would, he proceeded to rattle off a series of things that he liked to do with her.

Children In School-Aged Child Care

Two Canadian studies have explored the perspective of children in school-aged child care. The first study involved individual face-to-face interviews with 120 children from 40 programs across Ontario.[30] The study is limited in that it focuses solely on children's perspectives on program activities. Children were asked what they most liked to do in the child care program and their first five responses were coded into categories. Table 1, on the following page, illustrates the five most frequent responses. Unfortunately, the study's report does not define the content of the categories. It is interesting to note how children's perspectives differed according to their age group. Younger children expressed a greater preference for quiet activities while older children preferred activities in which skills can be acquired and expressed; for example, crafts and sports. The match between the activities available and the children's preferences was important for all ages. In the sample as a whole, 49 per cent of the children stated that the activities were the reason they liked the program. Thirty-four percent said that the activities were the reason they did not like the program.

The second Canadian study used a questionnaire to explore the perspectives of 53 children, aged 10 to 12 years from nine programs regarding the physical space in their program, the staff and the activities.[31] From the children's perspective, a quality space was one that was separate from that used by younger children, had comfortable furniture, was not like a classroom and enabled individuals or small groups to be alone. These 10- to 12-year-olds expressed the opinion that they did not need to be supervised all the time, were entitled to privacy and to make their own decisions about whether to do homework while at the program and about program activities. At the same time, they wanted staff to set up and assist with activities and organize outings. Preferred activities were sports, such as swimming, computer games, crafts and cooking.

TABLE 1

SCHOOL-AGED CHILDREN'S CHILD CARE ACTIVITY PREFERENCES BY AGE

Activity	**Age 3.8 - 5.9** N = 33	**Age 6.0 - 9.9** N = 213	**Age 10.0 - 12.0** N = 21
Quiet activities	48.5%	31.0%	28.6%
Creative arts	9.1%	23.5%	28.6%
Sports	3.0%	9.0%	28.6%
Outside activities	12.1%	9.4%	9.5%
Sensory and building activities	9.1%	3.3%	0.0%

Source: *Park, 1992, p. 13.*

Note: *The percentages in the columns do not add up to 100 because there were other activity choices that were not among the top five categories chosen.*

Parents' Perspectives

North American Parents In General

When North American parents are asked to list the factors that most influenced their choice of the child care arrangement that they are using, half or more of the parents, depending on the study, cite cost,[32] hours that care is available[33] and proximity to home or work.[34]

Parents are not homogeneous. As is discussed later in this section, their perspective on quality is influenced by the age of their child, whether or not the parent belongs to a minority group or is an immigrant and whether their child has special needs. Nevertheless, as illustrated by Table 2 on the following page, North American parents as a group agree on several elements that, for them, are necessary for child care quality.

When considering Table 2, it is important to be aware of certain limitations in the research design and reporting. First of all, in most of the 11 studies, the researchers asked parents to respond to a list of attributes rather than seeking their opinion through an open-ended interview. As a result, the experts steered the findings by imposing pre-set limits on the quality elements that parents could identify. Secondly, the list of options provided is generally not reported. It is possible that an element suggested to parents in one study was not suggested to parents by another researcher. For example, the studies as a group indicate that few parents consider the congruence between their child-rearing practices and those of the child care provider to be an important element of quality. However, this may simply reflect that this potential element of quality was not part of the options presented to parents in some studies. Thirdly, the response rate to each different option is only reported in three of the 10 studies that are reviewed.

TABLE 2

PARENTS' PERSPECTIVES ON QUALITY AS REPORTED IN 11 STUDIES

Elements	**Number of studies in which the element is identified as a priority (out of 11)**	**Percentage of study respondents identifying this as a priority**
Adult-child interaction characterized by provider warmth towards the child, taking the time for each child and responsive, sensitive care[35]	9	95%[36] 73%[37]
Protection of the child's health and safety[38]	7	80%[39] 71%[40]
Opportunities for and the quality of the communication and interaction with care provider[41]	7	93%[42] 92%[43]
Activities and opportunities that stimulate children's development[44]	6	100%[45]
A child rearing philosophy, especially in regard to methods of discipline, that is congruent with the parental philosophy[46]	3	93%[47] 79%[48]

Sources: *Bogat & Gensheimer, 1986; Bradbard, Brown, Endsley & Readdick, 1994; Camasso & Roche, 1991; Child Care Aware, undated; Fuller, Holloway, Rambaud & Eggers-Piérola, 1996; Galinsky, Howes, Kontos & Shinn, 1994; Lein, 1979; Shinn, Galinsky & Guker, 1989; Siegel & Loman, 1991; Sonenstein, 1991; White, Parent, Chang & Spindler, 1992.*

Notes:

1. Since the list of quality elements that the parents were asked to rate as priorities is not given in most studies, it is not possible to know the extent to which parents had the same choices in all of the studies. As a result, it is not appropriate to assume that, for example, protection of the child's health and safety might not have been a priority for parents in the four studies where it was not identified as such, had the parents been given this element as an option.

2. Only three of the 11 studies reported the percentage of parents responding to each option.

One study, involving 820 parents in three cities using home-based child care arrangements, reported the order in which the five elements it presented to parents were ranked.[49] The top-ranked item was attention to the children's safety, followed by communication with the provider, cleanliness of the setting, the amount and type of attention received by the children and the provider's warmth towards the children, in that order.

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The Influence of Their Child's Age On the Perspective of Parents

Infants and Toddlers

Many parents of infants and toddlers use child care because they have to participate in the paid workforce, even though they would prefer to be at home with their child.[50] Such parents tend to seek a form of child care that is as like their own home as possible. They are particularly interested in the care provider's practices being similar to their own in regard to how and when babies are held, fed and played with.[51] Parents also stress the importance of health and safety and a warm interaction between care provider and child.[52] If using centre-based care, parents of infants and toddlers identify a small number of children per adult as a prime indicator of quality.[53]

Children Aged Three to Five

When their child reaches about age three, parents become increasingly interested in a setting that will provide a peer group experience and "prepare the child for school."[54] Parents' view of preparing the child for school may include a didactic approach to teaching pre-academic skills that is at variance with experts' views on developmentally appropriate practice.[55] Health, safety and the warmth of the interaction between care provider and child continue to be important issues for parents with preschoolers.[56]

Children In School-Age Child Care

Parents with children in school-age child care equate quality with staff who have previous experience with school-age children and the skills to organize and assist in sports and craft activities. They express the opinion that the children should be encouraged to be independent and responsible and allowed more decision-making ability than would be appropriate for preschoolers.[57] The types of activities that parents view as desirable include sports,[58] opportunities to relax in a quiet area, [59] playing board games, using computer games that have educational software, cooking and watching videotapes.[60]

The Influence of Being a Member of a Minority or Immigrant Group

Aboriginal Parents

Canadian Aboriginal groups have identified the importance of the involvement of elders and the teaching of Aboriginal values, customs and languages as essential components in achieving quality child care for their children.[61] They have also stressed the need for Aboriginal staff in child care programs serving Aboriginal children to provide the children with a role model and someone who understands their cultural values. When this is not possible, Aboriginal groups stress the need to be sensitive to the diversity of cultures and traditions among different Aboriginal peoples.

Parents Who Belong to a Minority or Immigrant Group

Canadian research reports real differences in parents' expectations of child behaviour and discipline methods among mothers born in the Caribbean, India and Portugal, but living in

Canada and differences between them and Canadian-born mothers.[62] An illustration of the type of culture clash that may be experienced by immigrant women can be found in an opinion piece by Darlene Lin, which appeared in the May 20, 1997 issue of *The Globe and Mail*. It is interesting to note that in this anecdote, entitled "Bringing up baby to the clash of cultures," the mother was brought up in Canada but still feels the pull of her Chinese heritage.

Two Canadian surveys involved open-ended interviews with parents from a variety of countries, including those outside Europe.[63] Both found that from the perspective of immigrant parents, a quality child arrangement is one where:

- they feel accepted and "at home" and, as a result, confident that their child will be supported in retaining his or her culture and language while also being assisted to understand and learn Canadian ways;
- where the care provider can and does effectively address racial/ethnic teasing or harassment by the other children; and
- where care providers will explain the Canadian system to them but at the same time give immigrant parents real opportunities to express their views and preferences.

Concern has been expressed that addressing diversity all too often relies on relatively superficial programming aspects such as having books and dolls from the children's culture, serving snacks from different countries and paying attention to non-Christian holidays. Quality requires understanding and accommodating culturally preferred ways of interacting with others, differences in conversational patterns and culturally-specific ways of transmitting skill information to children.[64]

Childhood educators interested in the question of cultural diversity have suggested that one definition of quality child care is care that prepares the child to succeed in his or her physical, cultural and social context.[65] In a multicultural society, this means helping children to become bicultural; that is, to be competent in both their family culture and the majority culture.[66]

Parents of Children Who Have Special Needs

Children with special needs require help and information beyond what is normally required to assure the best possible developmental outcome.[67] The child may have a physical or neurological disability, intellectual limitations or impaired sight or vision.

From a parent's perspective, a quality program is one that makes the adjustments to its physical setting, equipment, staffing levels and programming necessary to maximize the child's ability to participate with children who do not have special needs. It also has staff with education related to strategies for inclusion of children with special needs as well as training to address their child's specific needs; for example, catheterization. Finally, a quality child care arrangement encourages and facilitates parent involvement in setting and reviewing goals for the child.[68]

The Perspective of Child Care Providers

Centre-Based Child Care Providers

North American research has consistently identified the following key elements as indicators of quality from the perspective of child care providers working in centres:

- reasonable salary levels and benefit packages.[69] One multistate survey found that the salary level was the best predictor of job satisfaction;[70]
- a supportive director who has clear expectations, gives helpful feedback and provides frontline workers with real opportunities for input into program decisions;[71]
- interactions with their colleagues that are friendly, respectful and supportive;[72]
- provisions for adult needs; for example, paid preparation time, a short break in the morning and afternoon, opportunities for professional development, the provision of a staff lounge;[73] and
- a reasonable number of children per care provider so that providers can give the type of care they know is desirable.[74]

Family Child Care Providers

Much less research has been conducted with family child care providers. What has been done reports an association between job satisfaction and:

- perceived level of support from other family members,[75] the parents for whom child care is provided[76] and provider support networks[77] and
- compensation levels.[78]

The Perspective of the Community

As noted in the previous chapter, the term "community" may refer to a geographical area, a cultural group within a larger society or a group with shared concerns or interests. Research findings on the perspective of some cultural groups and the shared-concern community of parents whose children have special needs were discussed earlier in this chapter. A community may also be a geographical area; for example, a rural farming community. Here the perspective on quality may include the extent to which extended hours are available during peak harvesting times.

The Perspective of the Society At Large

Some countries, such as Denmark, Finland, Sweden and France, have clear national goals for early childhood care and education which translate into specific perspectives on quality[79] For example, promotion of the individual child's socio-emotional development is a major goal in the Scandinavian countries.[80] Thus, in these countries, quality is equated with generous care provider to child ratios that permit individualized, supportive interaction and the provision of activities that promote peer relationship skills. In contrast, cognitive development to promote school-readiness is the main goal for child care in France.[817] This emphasis is associated with programs for preschoolers staffed by people with a master's level degree in education but who are responsible for a larger number of children than is usual in the Scandinavian countries.[82]

There is no Canada-wide consensus about the goals for child care; instead different provinces espouse different goals.[83] As a result, there is no society-wide perspective on the characteristics of quality child care.

Chapter Summary

Research is beginning to identify similarities and differences in the perspectives of different stakeholder groups and within these groups. From the perspective of very young children, a quality child care program is one with other children and "fun" activities. Ten- to 12-year-olds place much more value on activities in which they can develop specific skills, such as crafts and sports. Parents, as a group, equate quality with a warm adult-child interaction, provisions for health and safety and opportunities for communication with the care provider. However, their perspectives differ in other regards depending on their child's age, whether they are immigrants or part of a minority group and whether their child has special needs. From the perspective of a centre-based child care provider, the child care program is high-quality if the salary and benefits are good, the director is supportive, the other staff members are friendly and the setting supports them in their child care role. Unlike the situation in most European countries, there is no Canada-wide consensus on the goals of child care and, as a result, no Canada-wide perspective on quality in child care.

CHAPTER 3

Encouraging Stakeholder Involvement

> Definitions of quality reflect the values and beliefs, needs and agendas, influence and empowerment of various "stakeholder" groups having an interest in these services. "Quality" is also a dynamic concept; definitions evolve over time. The process of defining quality involves stakeholder groups and is not only a means to an end but is important in its own right.[84]

Introduction

As noted in the two previous chapters, different stakeholders have different perspectives on what constitutes quality in child care. The reality of different perspectives requires:

- identification of which stakeholders should be involved and at what stage along the path, from defining quality to operationalizing goals. For example, it has been suggested that the expert's "role primarily belongs to the stages of operationalizing goals and determining how best to achieve them, rather than to the preceding stage of defining what these goals should be."[85] That is the stage of defining quality;

- development of effective mechanisms to enable and encourage broad participation in the definition and implementation of quality;
- determination and implementation of mechanisms to address conflicts of interest and contradictory needs and goals; and
- balancing and blending the universal elements of quality with the needs, wishes and characteristics of the children being served while also addressing the perspectives of the family, the care provider and society at large.

Practice in North America

There is a growing concern that North American concepts of quality child care are rooted in a culture that has tended to value cognitive over social competence and professional over lay perspectives.[86] These cultural values have decreased the potential contributions of parents and other stakeholders in the development of a quality child care system. As recently noted by an American commentator, North American child care programs often fail to perceive "the voices of parents as a critical source of input into how we consider and seek to improve quality."[87] All too often, parent involvement is restricted to specific and limited opportunities; for example, an annual "user satisfaction" survey.

One exception is the American Head Start program. This had its legal origin under the Community Action Program, which required citizen participation. Head Start is specifically required to ensure that parents are "involved in the planning, administration and daily activities of their local centres."[88] In practice, Head Start has consistently encouraged parents to work in its programs as well as being involved in its administration.[89] This direct involvement of parents in both management and service delivery is perceived to be an important component of Head Start's success.[90]

Practice Outside North America

When considering how to encourage meaningful stakeholder involvement in child care, it is helpful to look at approaches used in other countries. This section briefly describes the approach used in Italy, Kenya, New Zealand and Zimbabwe. The following section attempts to identify some of the lessons learned from these countries' experiences.

Italy

National legislation in Italy requires that the local government, in collaboration with parents, manage the local child care services.[91] The national labour agreement for workers in nurseries establishes a 36-hour work week, 30 hours to be spent with the children and the remaining six hours to be used for professional development, contacts with parents and other members of the local community and preparation.[92]

In Reggio Emilia, a town in northern Italy, the whole community (children, their parents, early childhood educators, citizens and municipal politicians) has been and continues to be involved in the development of a child care system that has become recognized as exemplary all over Europe and North America. Parents are viewed as part of a team, along with children and care providers, which is on a continuous voyage of discovery and learning. Parent involvement includes:

- day-to-day interaction with the care providers, encouraged by the inclusion in each centre of a comfortable seating area near the entrance for parents, children and care providers to meet;[93]
- group discussions with all parents and other community representatives, in addition to individual meetings between parents and care providers, to share ongoing processes, to explore different opinions and options and to try to reach agreement on how the program should operate;[94] and
- special events and group (child, parent and care provider) activities and excursions.[95]

As noted above, community representatives who are not parents of children in the centre also participate in the regular group discussion to decide how the program should operate. The public display of children's art work and creations is consciously used to encourage parents, care providers and other adults to discuss the children's activities and experiences and, in so doing, to articulate and discuss their program goals.[96]

Kenya

Child care programs in Kenya are frequently managed by parent/community committees which locate and equip the child care setting and choose the staff.[97] The country has many ethnic groups, each with its own language, cultural traditions, values and beliefs. In recognition of the need to match the local context, the government, through the National Centre for Early Childhood Education and through District Centres for Early Childhood Education has established local "curriculum development teams" made up of parents, child care centre staff, field officers from the District Centres and other members of the community. The criteria for membership in a team is familiarity with the ways of life, culture, social norms and physical environment of the area. These teams develop program materials, such as books of local stories, games, dances and songs. There is particular emphasis on the collation of materials that relate to local oral cultures and traditions.[98]

New Zealand

In 1988, the federal government announced that additional funding would be available for early childhood programs that developed a "charter." This document was to contain an outline of program philosophies and policies and ways in which the program would work towards improving its ratio and staff education levels above the levels required for licensing. Centres were informed that their charters would not be approved, meaning no additional funding, without evidence that parents, staff and the community had been consulted and had approved the document.[99]

The intent of the chartering process was both to increase quality by encouraging higher standards and to recognize the diversity of existing programs, early childhood philosophies and cultures in New Zealand.[100] Thus, as originally conceived and implemented, charters were to decrease the number of children per care provider, increase care provider educational levels; promote the survival and transmission of Maori values and culture in all programs (not just those serving Aboriginal children) and make provision for the integration of children with special needs.

Shortly after the implementation of the charter process in 1990, the government changed. Chartering was retained, but the new government decided that programs would only need to have a charter, without having to increase their standards or encourage Maori culture, in order to receive funding. Requirements for consultation were also dropped.[101]

A study of the process used in nine early childhood programs while they were drafting their first charters[102] reports that staff and parents assumed responsibility for developing the content. The actual charter was usually written by the director and/or staff. The exception was two playgroups where parents took most of the responsibility. Consultation methods used with parents included newsletters sent home with the children, questionnaires, telephone interviews, parent meetings and small staff-parent committees. However:

> Many centres did not find it easy to get parents interested or involved in writing the charter. All centres experienced some difficulty in getting parents to participate.... Where centres held regular meetings, as in one centre that had seven meetings altogether, the attendence declined markedly over time.[103]

The researchers suggest several reasons for low parent involvement. First of all "parents had many other time commitments which influenced their willingness to take part."[104] Secondly, government content guidelines related to the charter meant that "many parents did not perceive the process to be one that empowered them to contribute their own values about quality."[105] Thirdly, centre supervisors viewed the consultation process as "just another piece of bureaucracy"[106] and this perception may have been communicated explicitly or implicitly to parents.

Input from the larger community was sought through advertisements in papers and notices in shopping malls and other public places. In spite of this, there was low participation in the chartering process by people who were neither parents nor staff.

Zimbabwe[107]

The central government sets basic standards for space, protection of children's health and staff qualifications. It also requires the director of every child care centre to work in close liaison with the chair of the centre's Parent-Teacher Association and the principal of the local primary school. The Parent-Teacher Association is selected by the local community from local government officials, representatives of other community organizations, parents and centre staff. The association's responsibilities include provision, management and maintenance of buildings and equipment and management of financial grants from the government. This includes the disbursement of such grants.

In this situation, the government requires the program to "work with" representatives from the community. These other stakeholders have a mandate that includes administration of government funding. This sets the stage for them to have real influence on the program.

What Can Be Learned From Experience?

The Impact of Specific Mandates

Initially, in all four countries discussed above, the government mandated the involvement of parents and other community stakeholders and assigned them specific tasks, as follows:

- **Italy**—legislation requires the municipal government, in collaboration with parents, to manage local child care services;
- **Kenya**—the government-established curriculum teams are mandated to develop program materials;
- **New Zealand**—until the new government came into power, additional funding through the chartering process was dependent on the centre demonstrating it had consulted with parents and other community representatives; and
- **Zimbabwe**—the government requires the centre director to work with the Parent-Teacher Association (PTA) and the local primary school principal. The PTA administers the government funding for the centre.

The New Zealand government removed the consultation requirement in order to obtain additional funds through the chartering process shortly after the process was implemented. This removed both the incentive to involve parents and other community representatives and any clear mandate for these stakeholders. A four-year follow-up study indicates less parental involvement in updating charters than occurred initially when chartering started.[108]

The Need to Address Potential Barriers to Meaningful Involvement

Parent involvement appears to be high in Regio Emilia centres. In contrast, it was difficult to obtain real parent involvement in New Zealand, even when this was required by the chartering process and there was the inducement of additional funding for the centre.

The national labour agreement for workers in nurseries in Italy includes specific time in the paid work week for contacts with parents and other members of the community. In Reggio Emilia, this is supplemented by a system-wide philosophy which views parents as partners. There are also specific mechanisms and processes for ongoing dialogue with parents and other stakeholders. Thus, meaningful collaboration with other stakeholders is expected and provided for. In New Zealand, care providers do not have paid time for parent contact and there is not a system-wide tradition of involving parents in centre decision-making.

The researchers who studied the implementation of chartering in New Zealand suggest that part of the difficulty involving parents reflected both other time commitments and the failure of the process to enable parents to feel empowered. During the development of the initial charters, the most effective methods of consultation were those which were realistic in terms of the time that people could give and which had formats and meeting times that suited parents.[109] It is important to recognize the influence of the process chosen for consultation. For example, the short period of time provided by a single community meeting or rigid format requirements for a strategic plan limit, rather than encourage, meaningful input. In New Zealand, the form and content of the charter were predetermined to some extent by the central government. This may have contributed to a feeling that chartering was a bureaucratic exercise rather than a process to encourage programs to address differences in community needs.

It is also necessary to acknowledge the existence of different levels of power. In the North American context, parents may feel poorly equipped to challenge the professional or expert view, even if they do not agree with it, because of the cultural value placed on expert opinion. The potential barrier between staff and parents may be addressed through processes such as providing a place where parents and staff can sit informally over a cup of coffee, ensuring that parents feel welcome to drop in at the child care setting whenever their child is present, involving parents in program activities and providing training and support for parents to become articulate members of the board of directors.

Conclusion

Involving the community in defining, implementing and evaluating child care quality is a challenge. Community members may lack the skills, experiences and resources to engage in meaningful collaborative discussion and decision-making. The process chosen (for example, imposing a specific format on a discussion) may limit rather than encourage meaningful involvement. The perception of the professional as an expert may result in a barrier that inhibits a genuine dialogue between parents or other community representatives and child care providers. The reality of these challenges must be acknowledged and consciously addressed. Meaningful dialogue will not just happen, it has to be desired and fostered.

Endnotes

1. Evans, 1996, p. 10.
2. Phillips, 1995, pp. 11-12.
3. See, for example, Jorde-Bloom, 1988; Kagan, 1993; Katz, 1992; Pence & McCallum, 1994; Phillips, 1995.
4. Bush & Phillips, 1994.
5. Katz, 1992.
6. Larner & Phillips, 1994, p. 43.
7. Langsted, 1994, pp. 36-41.
8. Farquhar, 1990, p. 21.
9. The research on parents' perceptions of quality in child care is discussed in Chapter 2.
10. Jorde-Bloom, 1988, 1996.
11. The Assembly of First Nations, 1989, p. 24.
12. Bush & Phillips, 1994.
13. Ibid.
14. McMahan, 1992.
15. Cohen & Pompa, 1994.
16. This is illustrated by multi-centre, multi-state studies reported by Helburn, 1995 and Whitebook, Howes & Phillips, 1990.
17. Farquhar, 1990, p. 22.
18. Pence & Moss, 1994, p. 172.
19. Katz, 1992, p. 70.
20. Balgeur, Mestres and Penn, 1992, p. 1.
21. Phillips, 1995, p. 9.
22. Pence & Moss, 1994, pp. 174-177.
23. Balageur, Mestres & Penn, 1992; Dragonas, Tsiantis & Lambidi, 1993; Evans, 1996; Joseph, Lane & Sharma.
24. Larner, 1994, p. 34.
25. Doherty-Derkowski, 1995; Hayes, Palmer & Zaslow, 1990; Phillips & Howes, 1987.
26. Kagan, 1993; Phillips, 1995; Phillips, Howes & Whitebook, 1992.
27. Farquhar, 1990, p. 21.
28. Langsted, 1994.
29. Whitebook & Granger, 1989.
30. Park, 1992.
31. Ten Plus Committee, 1989.
32. Bogat & Gensheimer, 1986; Child Care Aware, undated; Fuller, Holloway, Rambaud & Eggers-Piérola, 1996; Sonenstein, 1991; White, Parent, Chang & Spindler, 1992.
33. Sonenstein & Wolfe, 1991; White, Parent, Chang and Spindler, 1992.
34. Bogat & Gensheimer, 1986; Child Care Aware, undated; Fuller, Holloway, Rambaud and Eggers-Piérola, 1996; White, Parent, Chang & Spindler, 1992.
35. Bogat & Gensheimer, 1986; Camasso & Roche, 1991; Child Care Aware, undated; Fuller, Holloway, Rambaud & Eggers-Piérola, 1996; Galinsky, Howes, Kontos & Shinn, 1994; Lein, 1979; Shinn, Galinsky & Guker, 1989; Siegal & Loman, 1991; White, Parent, Chang & Spindler, 1992.
36. Bogat & Gensheimer, 1986.
37. Sonenstein, 1991.
38. Bogat & Gensheimer, 1986; Bradbard, Brown, Endsley & Readdick, 1994; Child Care Aware, undated; Fuller, Holloway, Rambaud & Eggers-Piérola, 1996; Galinsky, Howes, Kontos & Shinn, 1994; Sonenstein, 1991; White Parent, Chang & Spindler, 1992.
39. Sonenstein, 1991.

40. Fuller, Holloway, Rambaud & Eggers-Piérola, 1996.

41. Bogat & Gensheimer, 1986; Child Care Aware, undated; Fuller, Holloway, Rambaud & Eggers-Piérola, 1996; Galinsky, Howes, Kontos & Shinn, 1994; Lein, 1979; Shinn, Galinsky & Guker, 1989; White, Parent, Chang & Spindler, 1992.

42. Bogat & Gensheimer, 1986.

43. Fuller, Holloway, Rambaud & Eggers-Piérola, 1996.

44. Child Care Aware, undated; Fuller, Holloway, Rambaud & Eggers-Piérola, 1996; Lein, 1979; Shinn, Galinsky & Guker, 1989; Sonenstein, 1991; White, Parent, Chang & Spindler, 1992.

45. Fuller, Holloway, Rambaud & Eggers-Piérola, 1996.

46. Bogat & Gensheimer, 1986; Fuller, Holloway, Rambaud & Eggers-Piérola, 1996; Lein, 1979.

47. Bogat & Gensheimer, 1986.

48. Fuller, Holloway, Rambaud & Eggers-Piérola, 1996.

49. Galinsky, Howes, Kontos & Shinn, 1994.

50. Larner, 1994.

51. Ibid.

52. Helburn, 1995.

53. Sonenstein & Wolfe, 1991.

54. Goelman, Rosenthall & Pence, 1990; Larner, 1994; Sonenstein & Wolfe, 1991.

55. Larner, 1994.

56. Helburn, 1995.

57. Ten Plus Committee, 1989.

58. Bradbard, Brown, Endsley & Readdick, 1994; Comasso & Roche, 1991.

59. Comasso & Roche, 1991; Ten Plus Committee, 1989.

60. Ten Plus Committee, 1989.

61. Assembly of First Nations, 1989, 1995; the Native Council of Canada, 1994; the Ontario Métis and Aboriginal Association, 1990.

62. Yoshida & Davies, 1982.

63. Mock, 1986; 1989.

64. Phillips, 1995.

65. Cohen & Pompa, 1994.

66. Bowman, 1992; Cohen & Pompa, 1994.

67. Canning & Lyon, 1990.

68. Irwin, 1994.

69. Canadian Child Care Federation/Canadian Day Care Advocacy Association, 1992; Hartman & Pearce, 1989; Kontos & Stremmel, 1988; Lindsay & Lindsay, 1987; Schom-Moffat, 1984; Stremel, 1991; Whitebook, Howes & Phillips, 1990.

70. Whitebook, Howes and Phillips, 1990.

71. Canadian Child Care Federation/Canadian Day Care Advocacy Assocation, 1992; Maslach & Pines, 1977; Stremmel, 1991; Whitebook, Howes, Darrah & Friedman, 1982; Whitebook, Howes & Phillips, 1990.

72. Whitebook, Howes & Phillips, 1990.

73. Canadian Child Care Federation/Canadian Day Care Advocacy Association, 1992; Maslach & Pines, 1977; Phillips, Howes & Whitebook, 1991; Whitebook, Howes & Phillips, 1990.

74. Canadian Child Care Federation/Canadian Day Care Advocacy Association, 1992; Kontos & Stremmel, 1988; Maslach & Pines, 1977; Whitebook, Howes, Darrah & Friedman, 1982.

75. Dimidjian, 1982; McConnell, 1994.

76. McConnell, 1994.

77. Dimidjian, 1982; Fischer & Eheart, 1991; McConnell, 1994.

78. McConnell, 1994.

79. Bush & Phillips, 1994.

80. Ibid., 1994.

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81. McMahan, 1992.
82. Bush & Phillips, 1994.
83. Personal observation based on interviews with child care officials from across the country conducted in the fall of 1994 as part of a project for Status of Women Canada
84. Moss, 1994, p. 1.
85. Ibid., 1994, p. 5.
86. Dombro, O'Donnell, Galinsky, Melcher & Farber, 1996; Moss & Pence, 1994; New, 1997; Phillips, 1995.
87. Phillips, 1995, p. 13.
88. Zigler & Styfco, 1994, p. 272.
89. Schorr, 1988.
90. Ibid.
91. New, 1993.
92. European Commission Network on Children, 1994, p. 25.
93. Rinaldi, 1994.
94. New, 1997; Rinaldi, 1994.
95. Rinaldi, 1994.
96. New, 1997.
97. Woodhead, 1996.
98. Kipkorir, 1993.
99. New Zealand Department of Education, 1988.
100. Smith & Farquhar, 1994.
101. Ibid.
102. Ibid.
103. Ibid., p. 131.
104. Ibid.
105. Ibid., p. 139.
106. Ibid., p. 131.
107. Chada, 1993.
108. Smith & Farquhar, 1994.
109. Ibid., p.134.

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Quality Child Care and Community Development

What is the Connection?

By Allison Benner

This paper was jointly conceptualized by Alan Pence and Allison Benner of the Unit for Child Care Research, University of Victoria. This paper was prepared for the Canadian Child Care Federation's Partners in Quality Project, funded in September 1998 by Child Care Visions, Human Resources Development Canada.

Abstract

Over the past two decades, a major undertaking of North American child care researchers has been to identify key features of quality child care. Research has confirmed that a number of features, including licensing/regulation, child care training/professional development and low child/staff ratios, are associated with enhanced physical, emotional, social and cognitive development for children. Child care programs which include these regulatable features generally receive higher scores on global aspects of quality, as measured by instruments such as the Early Childhood Environment Rating, *than programs which do not.*

Recently, however, child care researchers have begun to question the foundation on which such findings rest. Research in other cultural settings in North America and elsewhere has highlighted the relative, contextual aspect of quality and of child development.

North American conceptions of child development and quality child care are rooted in a cultural context that tends to privilege cognitive over social competence, individual over group development, measurable over intangible goals and professional over lay perspectives. These values conflict with, diminish or even extinguish the potential contributions of communities to the development of a quality child care system, even as child care researchers and practitioners increasingly recognize the importance of community involvement in developing and delivering child care services.

Within this context, professionally driven conceptions of quality child care may compromise the development of community-oriented conceptions of quality care. More significantly, the dialogue that could support negotiation on these differing conceptions has not yet begun and

North American culture does not provide, on a broad scale, meaningful opportunities to engage in it. This paper, drawing on international literature, presents a number of examples of community development processes in relation to child and family services.

Introduction

Over the past two decades, a major undertaking of North American child care researchers has been to identify key features of quality child care. Research has confirmed that a number of features, including licensing/regulation, child care training/professional development and low child/staff ratios, are associated with enhanced physical, emotional, social and cognitive development for children.[1] Child care programs which include these regulatable features generally receive higher scores on global aspects of quality, as measured by instruments such as the Early Childhood Environment Rating Scale[2] and the Day Care Home Environment Rating Scale[3] than programs which do not. Because these features are specific and measurable, they lend themselves to the development of policies and programs that support quality child care, as conceived of in North American child care research findings.

Recently, however, child care researchers have began to question the foundation on which such findings rest. Research in other cultural settings in North America[4] and elsewhere[5] has highlighted the relative, contextual aspect of quality[6] and of child development.[7]

The significance of this trend within the field of early childhood lies not so much in deconstructing the knowledge base that has informed child care research and practice for the past few decades, as in highlighting its culturally constructed, values-based character. North American conceptions of child development and quality child care are rooted in a cultural context that tends to privilege cognitive over social competence, individual over group development, measurable over intangible goals and professional over lay perspectives.[8] These values conflict with, diminish or even extinguish the potential contributions of communities to the development of a quality child care system, even as child care researchers and practitioners increasingly recognize the importance of community involvement in developing and delivering child care services.[9] As stated by Moss:

> ..."quality" in early childhood services is a relative concept, not an objective reality. Definitions of quality reflect the values and beliefs, needs and agendas, influence and empowerment of various "stakeholder" groups having an interest in these services. "Quality" is also a dynamic concept; definitions evolve over time. The process of defining quality involves stakeholder groups and is not only a means to an end but is important in its own right.[10]

Within this context, professionally driven conceptions of quality child care may compromise the development of community-oriented conceptions of quality care. More significantly, the dialogue that could support negotiation on these differing conceptions has not yet begun; nor does North American culture provide, on a broad scale, meaningful opportunities to engage in it. This paper, drawing on international literature, presents a number of examples of community development processes in relation to child and family services. The aim is not to provide a comprehensive, exhaustive account of community development mechanisms from around the world. Rather, the examples have been chosen as a means of supporting the dialogue on child care and community, which is necessary to support a quality child care system that reflects and responds to the values, knowledge and experience of the entire community.

The Continuum of Community and Community Involvement

Before moving on to examples of various approaches to community involvement around the world, it is useful to reflect on what is implied in the terms "community" and "community involvement." A community may be defined as "a group of people brought together by geography, culture or common interests."[11] Within that community, a variety of groups exist. Schaeffer[12] identifies a range of "internal" and "external" actors. "Internal actors" may include nuclear and extended families; voluntary, community and non-governmental organizations; religious organizations; agencies of local government; and local private enterprise and media. "External actors" include national and international non-government organizations; agencies of national and provincial governments; and national media. Community development involves mobilizing all these community members.

Similarly, community participation exists along a continuum. At one end lies the simple use of a service. Moving along the continuum to greater degrees of participation are: passive involvement through attendance at meetings; participation in consultation on particular issues; involvement in the actual delivery of a service; and decision-making power with respect to services.[13] It is the position of this paper that only the greatest degrees of community involvement are likely to result in high quality services that strengthen children, families and communities. That position is echoed by a growing number of child care advocates, community service providers and governments.[14] The challenge lies in putting that principle into practice and, in the words of John McKnight, learning to distinguish community from its counterfeits.[15]

There are a variety of factors that make community mobilization a challenge. As pointed out by Schaeffer, "despite the way 'the community' is often conceptualized, as a seemingly homogeneous force capable of organizing itself for the common good, the fact is that communities are usually extremely heterogeneous entities."[16] Also, community members, from the most powerful to the most marginalized, may lack the attitudes, skills, experiences and resources to participate in collaborative discussion and decision-making that benefits the entire community. In order for community involvement to be effective, the culture in which it is grounded must genuinely value the input of all its citizens and must promote the development of problem-solving skills and the ability to respect and respond creatively to differing points of view.[17] In reviewing the examples presented below from North America, Europe/Australasia and Majority World (or developing countries), it is useful to consider whether the full range of community members is involved in the development of services; to what degree they are involved; and to what extent the culture in question promotes the values and skills that allow community involvement to be most effective.

North America

Across North America, within the past decade the trend in child and family services has been to improve coordination and integration of a continuum of services at the local level. Related to this trend is a call for greater community involvement in the planning, delivery and evaluation of services. Several sometimes conflicting factors provide the impetus for such change, including the rising incidence of family stress and child poverty, producing an ever larger "at risk" population,[18] as well as the need to more efficiently manage public dollars. The following description of activity in the United States reflects the current situation across North America:

> It has become increasingly evident that to improve the well-being of young children, the service delivery systems that support them must be significantly changed. This requires identifying and leveraging areas where flexibility currently exists and encouraging state and local policymakers, program supervisors and frontline staff to determine where additional flexibility would enable them to better meet the needs of children and families. It requires recognizing the diversity in states, communities and individual families as well as their concerns, priorities and resources. It entails exploring the constraints of the current system and experimenting with promising strategies to simplify and rationalize that system.[19]

Thechallenge of reforming services to children and families, as articulated above, has been taken up by numerous states and provinces across North America,[20] most recently in British Columbia.[21] There is a striking similarity in the language used across North America in call to reform the system and to give families a greater voice in service provision.[22] This overarching similarity, however, conceals very different understandings of community: Who is included in the definition of community? To what extent should communities be involved in service planning, delivery and evaluation? What is the overall purpose of community involvement?

One approach to empowering communities in the management and delivery of child and family services is to move decision-making to the local level. However, the degree to which communities have control over the decision-making process can impact the usefulness of this approach. The contrasting experiences of North Carolina's Smart Start initiative and Indiana's Step Ahead initiative illustrate differences in commitment to community empowerment and the consequences for community development.

North Carolina's Smart Start initiative, introduced in 1993, was intended to guarantee every child access to comprehensive, integrated, high quality services, including early childhood education, child care and health care. Through this initiative, partnerships of families, child care providers, health and human service agencies, businesses, schools, churches and local governments were established in 32 counties to develop and implement innovative local plans to meet children's needs. To support and guide the county partnerships and to enforce state-wide standards, a central, non-profit, public/private corporation was established.[23] A preliminary evaluation of the Smart Start initiative indicated that the initial emphasis on local decision-making power was limited by plan approval mechanisms, budgetary deadlines and state-wide standards required by the central government. Local participants indicated that while in theory Smart Start operated on a "bottom-up" model of governance, genuine decision-making authority was maintained centrally.[24]

In contrast, Indiana's Step Ahead initiative, which is similar in intent to Smart Start, genuinely delegates decision-making power to the local level. Through the initiative, each of the state's 92 counties formed local councils with representation from parents, local and state agencies, schools, churches, businesses and community services, to develop comprehensive service delivery systems for children and families. Early child development, including child care and preschool service, is a particular focus of the initiative.[25] The experience with Step Ahead suggests that when communities have genuine authority over decision-making, community ownership and enhanced civic participation are possible. One local council member, following a survey of licensed child care providers, describes the impact of Step Ahead in strengthening her community:

> Our data reflected that families' needs were being met in town but not in rural areas. This was important information but even more valuable was how the process brought us together and gave us a new way of looking at how best to support families. Now that we've gained experience and gotten a large cross-section of the community involved in the Council, we are reframing our work. Rather than think about how we can spend the money we get...we are looking at how we can get the whole community involved and use our resources to meet our needs.[26]

A common theme in the North American literature on child and family services is the need to support community-based prevention and early intervention initiatives, rather than focus resources on problems once they have already occurred.[27] Early intervention and prevention initiatives, often directed at disadvantaged families, vary widely in the degree to which they focus on family strengths rather than weaknesses and in the extent to which they promote family and community involvement in defining issues, developing solutions and providing services.

One highly regarded program in the United States is Healthy Start, a home-based intervention program that originated in Hawaii and was adopted in 20 other states. Healthy Start provides postpartum screening assessment, paraprofessional home visitation, child care, parent support groups and community education to disadvantaged families. Services are voluntary and continue until children reach the age of five. The program has been successful in substantially reducing the incidence of child abuse and neglect among families considered at risk, from 18 to 20 per cent in the disadvantaged population generally, compared to less than one per cent among program participants.[28]

Healthy Start is a good example of a flexible, coordinated, family-centred program delivered at the community level, which generates positive outcomes for its intended beneficiaries. By North American standards, it might be called a high quality program. Yet it is also an example of a program which defines families by their deficiencies rather than their strengths and provides participating families with few opportunities to be involved in the actual management and delivery of the services that touch their lives. With this program, as with many other similar programs across North America (e.g., New Brunswick's Early Childhood Initiatives), families are at the "receiving end" of a program, which may assist them to "fit into" but not necessarily to shape their communities; a program which protects them against risk factors in their lives, but may not help them to thrive.

It is only by way of contrast with other approaches to early intervention and prevention that the limited potential of programs like Healthy Start in strengthening families and communities is made visible. The American Head Start program, for instance, is also a comprehensive, multiservice, family-centred program targeted to disadvantaged families. In contrast, however, it explicitly aims to build on the strengths of low-income families within their own neighbourhoods. The direct involvement of parents in the management and delivery of the services (often including employment in the services) is one of the tangible ways this commitment is demonstrated.[29] Perhaps a central feature of strength, as opposed to deficit-oriented approaches, is that the former provides families and communities with opportunities to transform the social and economic conditions that make them disadvantaged in the first place, while the latter tend to leave such conditions intact.[30]

The innovative 1, 2, 3 Go! project in Greater Montreal is an example of a strength-oriented initiative aimed at empowering children and families within a holistic conception of community:

> 1, 2, 3 Go! is an experimental project whereby some communities of the Greater Montreal area were selected and invited to mobilize whatever resources they needed, be they material, intellectual, social or political, in order to develop and sustain a culture concerned with the well-being and development of their zero to 3 year olds. ...Although there is a specific concern with offering the project to communities in which risks are higher for children for developing problems...the overall objective is more in line with a health or well-being promotion approach than with a prevention or remedial approach. As such it relies on three main strategies: enhancement of individual competencies, institutional and organizational changes and mass influence. ...1, 2, 3 Go! results on the postulate that communities can and ought to empower themselves around the issue of children's development and well-being.[31]

Results to date indicate that the program has been effective in mobilizing communities (including parents) to collaborate in identifying problems, setting priorities and developing solutions.[32] Other Canadian initiatives with a similarly holistic focus include Ontario's Better Beginnings, Better Futures initiative and the Community Systems project.

While direct, intensive mobilization of communities presents challenges, experience suggests that the greater the autonomy in local decision-making on the part of those directly affected by services, the greater the impact in strengthening the community as a whole.[33] "Clients" are empowered to become "citizens" or rather, to gain their rightful recognition as citizens. An example from New Mexico's Family Development Program shows how the development of early childhood services by and for families can become the vehicle for community development in a broader sense. In 1985, a group of families in low-income, predominantly minority families were provided with the opportunity to design an early childhood program to meet their own needs. These families created a comprehensive preschool program, including parent involvement and education, family support, infant and toddler services and an after-school program for older children. Evaluations of the program showed benefits for children and parents in these families, including improved school performance among the children, economic independence for many of the families and a greater degree of civic involvement.[34] Although the program was originally designed to address parents' child care needs, it became the vehicle for broader involvement in community development. As noted by the program coordinator:

> Community action is becoming a reality: program parents have petitioned the city school board to obtain better transportation for their older children, the police department for more effective patrolling, the city waste management division for neighbourhood clean-up services and the neighbourhood public schools to establish parent-teacher associations.[35]

The examples of community development approaches described above by no means capture the extent of activity underway in the reform of child and family services across North America. Overall, there are widespread efforts to coordinate and integrate services for children and families and to bring them closer to the community. There is also a broad recognition of the importance of the early years in shaping children's later lives, including their capacity to be active, independent citizens in the future. Increasingly, the importance of quality child care in promoting the healthy development of children is recognized.

However, the degree to which North American programs involve the community—the extent of their involvement and decision-making power and the inclusion of the whole community rather than community leaders and service providers—varies considerably. Often, what is described as community involvement simply means an invitation to attend a public meeting or the opportunity to provide feedback on a strategic plan.[36] This is a limited, tokenistic vision of community participation which may ultimately alienate community members from further community involvement.[37] However, there is a growing number of programs in Canada and the United States that give communities true power over program planning and delivery and value citizen involvement in child and family services as a means of enriching the community as a whole. If such approaches are implemented more broadly, they have the potential to support community dialogue and action in creating a comprehensive system of services for children and families, including quality child care.

Europe/Australasia

Child care in Europe and Australasia is distinct from child care in North America—primarily in the extent of publicly funded services available and in the presence of strong national policies for children and families. This is minimally so in countries in the United Kingdom and maximally so in the Nordic countries, with most other countries falling somewhere in the middle of this continuum.[38] Generally speaking, the presence of national systems of early childhood education and comprehensive family policies make for a more stable, higher quality child care system and a stronger basis for community development and public dialogue on issues pertaining to child and family services. Examples of efforts to enhance community involvement in child care are described below. In the late 1980s, New Zealand undertook a major reform of its child care system with the introduction of a system of chartering:

> Chartering is a process where various stakeholders (parents, staff and the community) are given the opportunity to define quality at the individual centre level in negotiation with a government agency. The intent of the process is to strike a balance between centrally determined criteria of quality and the philosophy and local needs of centres. ...Charter documents contain an outline of centre policies, philosophies and characteristics. ...The charter is a quality

> assurance mechanism for government. The funding of individual centres...is linked to the development and approval of charters with the Ministry according to the level of quality the government is prepared to support.[39]

In theory, chartering provides a mechanism for the greater involvement of parents and the community to shape individual child care centres, while maintaining a minimum standard of quality nation-wide, allowing for a conception of quality which is relative but not arbitrary. Yet the experience of chartering in New Zealand highlights the need for processes which promote ongoing, meaningful involvement in the definition and implementation of quality child care.

Smith and Farquhar[40] studied the effects of the charter in four kindergartens, three child care centres and two playcentres. Generally, the charter was considered a useful statement of a centre's goals, objectives and policies, but was consulted more frequently by staff than parents and proved not to be a particularly useful way of meaningfully involving child care providers, parents or the community in discussions of quality child care. As noted by Smith and Farquhar, many child care providers perceived the charter as a bureaucratic exercise. As for parent participation:

> Many centres did not find it easy to get parents interested or involved in writing the charter. All centres experienced some difficulty in getting parents to participate and many lowered their expectations after an initial failed attempt. ...The process of charter development was perceived as making large physical and emotional demands on staff and parent time.[41]

Given that the charter was a requirement in order to access public funds and that its form and content were, to some extent, predetermined by the central government, it is not surprising that it may have been experienced by many as an elaborate grant application. Also, the nature and variability of parent and community participation may not have been conducive to producing a meaningful living document:

> There were many variations in the methods of consultation and the number of people who participated in consultation and discussion in different centres. These methods included written procedures such as displaying the charter on notice boards, notices or newsletters sent home with children; more systematic data gathering procedures such as the use of questionnaires or telephone interviews; and more interactive procedures varying in formality from small subcommittees intensively working together and public meetings to informal conversations and social events.[42]

The consultation methods described above cannot, in isolation from provisions for ongoing dialogue and involvement of parents and community members on child care, support true community involvement in the development of a quality child care centre, let alone a quality child care system.

By contrast, Denmark has employed a different mechanism to provide a balance between centralized standards and development of quality at the centre level:

> ...the [Danish] system is...characterized by a high level of autonomy for individual centres.... The state and communities lay down only a few general guidelines and targets, leaving the rest up to the child care centre concerned...decentralization has led to great activity in and around individual child care centres and children, staff and parents all feel that they can contribute to an active democratic process in which changes are allowed and even approved of. This means that children, parents and staff at child care centres can be given the chance to be the leading figures in their own centre....They have great influence on daily routines, the way groups are made up, the activities and rules in the centre and so on. This has led to a more flexible and open understanding of what is required and an ability to put good ideas quickly into practic[illegible]

The contrasting experiences of New Zeala[illegible] Denmark, both of which enjoy comprehensive public funding and provision of child care, suggest that national policies can support or detract from communities' ability to meet local child care needs. Furthermore, this contrast illustrates that the nature of the processes intended to support community decision-making is critical. If the involvement takes place at a few distinct points in time, rather than on an ongoing basis and if the involvement is indirect as opposed to direct, the impact of the processes on quality care will differ significantly.

However, it is important to recognize that the decentralized structure and processes described by Jensen do not exist in isolation. They exist within a culture that supports children's rights, parental involvement in the daily routines and overall management of child care centres, highly trained and committed child care staff and "a strong underlying coherence in the system due to generally shared cultural values which manifest themselves in widespread support for certain priority objectives: fellowship, the importance of children's own play, self-determination."[44] Without this supportive cultural context, it is possible that a decentralized system would produce little public involvement in child care and perhaps even poor quality environments for children.

In discussing the European (and particularly the Nordic) conception of community involvement in quality child care, it is useful to highlight the extent to which children are increasingly perceived as active citizens—a view which receives scant consideration in the North American literature on "community stakeholders." In North America, childhood is conceived as a preparatory phase; children are citizens of the future but not of the present.[45] In contrast, a number of European initiatives, including the European Childhood as Social Phenomenon Project,[46] the *BASUN* (Childhood, Society and Development in the Nordic Countries) Project and the Danish Children as Citizens Project,[47] seek to understand childhood from children's perspectives and to promote children's greater involvement in civic life, including decision-making. These projects extend the concept of children's rights and agency even to very young children. For example, one component of the Danish Children as Citizens Project involved a nursery for children from six months to three years:

> Here the staff [had] been preoccupied with rules, frequently regulating the behaviour of children by prohibitions. On the assumption that even very young children have the right to control themselves in their everyday life and that they are able to do so, the staff have reviewed the rules and try to listen more to the children. This means, among other things, that children have got the right to say "no."... One of the consequences is that there are fewer conflicts between adults and children. On the other hand there are more conflicts between the children. But this is seen as another right that children have—the right to try to solve their own conflicts. And on many occasions they are able to do so.[48]

Within this framework, child care settings may be seen not only as part of the community or as a means for community development, but as communities in development. They provide children, parents, caregivers and community members with opportunities to interact in new ways that break down barriers between adults and children, between caregivers and parents, between different socio-economic and ethnic groups within the community and between families and the larger community.[49] The *creches parentales* in France provide an interesting example of how parent involvement in the provision of child care can effect such changes.

The *creches parentales* or parent-run day care centres, comprise a minority of the child care provided for preschool children in France, which has one of the highest levels of publicly funded child care in Europe.[50] Parent-run day care centres are now recognized as a valuable alternative to centre- and family-based child care. Participating parents spend approximately one half day per week working with their own and other people's children; all *creches* employ some professional caregivers to ensure continuity and support for children and parents. Over the past 20 years, use of the *creches* has mostly been confined to professional, middle class parents, but recently the *creche parentale* model has been extended to multicultural and disadvantaged families, with approximately 40 multicultural *creches* in operation.[51] The description of one *creche* presents a contrast to that typically observed in "traditional" child care settings:

> The families using the *creche* live mainly in the apartments above or within walking distance of the *creche*. As parents arrive to take their children home,

> there are lots of hugs and talks. The atmosphere is very informal. Parents wander into the playroom, the kitchen and the bedroom in search of their little ones. One even lingers for a coffee. This is the moment when the contrast with a conventional nursery is most clear—these parents are chatting with the "staff" as if they are old friends, but then they are old friends or if not, at least there are no status or professional barriers that might distance them. There are two more *creches parentales* within a few miles of this one. They are all different, but all using premises that have been adapted and all locally managed by parents themselves. The one thing they have in common is the enthusiasm to provide a child care system, by parents and for parents.[52]

This description would not be so striking were it not for the very different situation revealed by much current research into the relationships between parents and caregivers in North America:

> Although the idea of "parent-professional partnerships" is widely touted, few professionals have been trained or feel prepared to manage relationships with parents. Training is needed to prepare professionals to relate to parents as equals, not only as experts and to help them understand the implications of cultural diversity for programme practices and relationships with families. Even with training, however, it will be difficult for professionals to invite parents to join them as full and equal partners in discussions of child care and its quality, since that necessarily involves sharing control and relinquishing status.[53]

A study of the multicultural *creches parentales* suggested that parental involvement of this scope not only produced a greater sense of community cohesion, but resulted in improved outcomes for both children and parents:

> The study of *creches parentales* illustrates the possibilities for bridging the gulf between the micro-systems of *creche* and home, institutional and familial care and professional and parental care giving. ...Parental participation mediates the relation between social or ethnic membership and the level of cognitive interaction. ...when parents...are present and involved in the daily educational activities of the parent-run day care centre, they participate and get the children to participate, in more complex cognitive interactions. ...The parents acquire a sense of pedagogical responsibility in the day care centre: they see themselves as "teachers," they think about pedagogical issues and thus develop their pedagogical capacity.[54]

Parental and community involvement in child care supports the reflectiveness necessary for communities to engage in meaningful dialogue about quality child care and the role of child care in the lives of children, families, communities and society. Without meaningful involvement, parental and community input to such processes as public meetings, charters or strategic plans has a shaky foundation and is easily co-opted by more powerful stakeholders or by the particular dictates of the chosen process (e.g., the limited time of a public meeting, the accepted format of a strategic plan). If communities are not meaningfully involved in child care (or in any issue that affects their lives), the agenda is more or less set in advance. As Dahlberg and Asen point out in discussing Swedish efforts to renew the public sector:

> The goals of economy and efficiency are presented as value-free, to be shared by everyone, while political and values-based questions, such as whose welfare the reforms improve, are avoided (Olsen, 1991). We are convinced that the question of how to restore legitimacy under existing conditions can only be tackled if the economic aspects are more closely connected with the pedagogical and values-based aspects of early childhood education. A prerequisite for this is that pedagogical practice and its functions must be made visible outside the world of schools and child care centres and become a part of public discourse...this requires the participation of a variety of concerned groups and a pedagogical practice based on empowerment, participation and reflective discourse between parents, staff, administrators and politicians.[55]

Dahlberg and Asen propose an "associative model" of child care governance to complement the existing political and professional models and to counter the increasingly powerful "market-oriented goal-governing model." To support the associative model, it is necessary "to create forums or arenas for discussion and reflection where people can engage as citizens with devotion and vision—not only as stakeholders positioned in an administrative perspective.[56] Within recent years, a number of "arenas" or "plazas" have developed in Sweden. Dahlberg and Asen believe these forums may provide a basis for the broader dialogue on child care quality which is called for in the associative model:

> In these plazas politicians, administrators, teachers and other representatives come together to discuss different aspects of early childhood education. ...The purpose is to establish a dialogue, characterized by debate, confrontation and exchange of experiences. The plaza should not be seen primarily as the place for traders, but as the place for a dialogue between independent citizens. It is the symbol of a vibrant democracy. "Bring forward your experience into the plaza" has been the motto for one of these plazas... This motto refers to "the idea that exchange of experience creates respect for different approaches and conditions and counters superficial acceptance of models and general organizational solutions. ...It also refers to the idea that everyday and practical work must be the starting point for all leadership and development work."[57]

Clearly it is impossible to uproot structures and processes that have grown up organically in other contexts and transplant them in a foreign environment. Nonetheless, it is impossible to read the description above and fail to notice the difference between the dialogue of the Swedish plaza and the exchanges that take place at most North American public meetings which are presumably designed to solicit public input on child and family services or any other issue. In fact, it is reasonable to question whether public meetings and strategic planning processes can have any validity without structures and processes adapted to our own contexts, which serve the purpose of the plazas: promoting the shared reflection of the entire community. Indeed, without such reflection, what is a community?

The Italian town of Reggio Emilia is an example of a community in which the child care setting itself functions as a kind of "arena" or "plaza." It is a community in which barriers to community development disappear or at least become permeable: barriers between adults and children, between caregivers and parents, between child care and the surrounding community, between theory and practice, rhetoric and reality. In this environment, quality child care is not defined or discussed and then implemented; rather, it emerges in the process of definition and discussion itself – a process that engages the entire community in a constantly evolving "work in progress."[78] Consider the concept of "documentation" in the Reggio Emilian context, particularly its contribution to quality child care and healthy child development:

> Documentation as conceptualized in Reggio Emilia requires that adults observe, interpret, articulate and share what it is that they have learned from young children in collaboration with one another. These additional challenges of articulation and sharing make the role of the teacher akin to that of a collaborative action researcher (New, 1994)… Documentation's contribution to conceptions of quality and developmentally appropriate practices is especially apparent through its ability to entice adults into discussions regarding children's care and education.… The documentation panels that grace the halls and classroom walls of Reggio Emilian schools thus serve as a starting place for prolonged deliberations among not only those who participate in the process itself but others who ultimately view its products as well. As parents and citizens of the community view and discuss the documentation, they benefit from and contribute to shared understandings of educational goals and standards. In this way documentation promotes a sense of community as well as expanded knowledge of child development among all of the adults.[79]

Reggio Emilia, in common with other child care centres across Italy, has been required by law since 1971 to have its child care centres managed by families and representatives of social organizations. In addition, in Reggio Emilia there are formal meetings throughout the year for parents, teachers and community members to discuss issues relating to the local child care programs.[80] It is important to note, however, that the meetings and management structures could not, of themselves, guarantee meaningful community involvement in child care; they rest on a foundation of daily reflective practice and citizen involvement that is, in turn, rooted in a history and culture of civic involvement extending back hundreds of years.[61] Like the Swedish plazas, the Reggio Emilian approach to child care cannot be transplanted. However, Reggio Emilia suggests the possibility that quality child care and community development can be both a means and an end.[62] That possibility and the means of realizing it in practice, are worth exploring in communities across North America.

Majority World

In a North American context, it is useful to review examples of community development in Majority World countries with respect to early childhood services because they provide important evidence that quality child care and meaningful community involvement can occur in contexts where material resources are scarce. As noted by Woodhead:

> Programmes that might be judged as "low resource" in materially affluent nations may in fact be "high resource" in a local context. Likewise, some on-the-face-of-it "high resource" programmes in affluent contexts might more appropriately be relabelled "low resource," in terms of community endowment. [63]

Kenya serves as a particular example of a country that is economically challenged but has a strong national commitment to a community-based system of early childhood education. Nearly all of Kenya's preschools, which provide care and education to approximately 30 per cent of the three- to five-year-olds in the country, have developed since the country attained independence in 1963. The Kenyan early childhood system is founded in strong national values, rooted in centuries of African traditions. With independence, the Kenyan people adopted the motto "harambee," the Swahili word meaning "let us pull together." The spirit of harambee, as described below, continues to infuse the early childhood education system in Kenya:

> There is much in our African heritage, especially concern and respect for others, the Harambee spirit, the dedication to integrity and the respect for the family, which we must maintain. Indeed, we must strengthen these traditions because they, together with development, are the principal means by which we can enhance the moral and material well-being of our children. And it is through our children that we build the future of our children.[64]

Preschools in Kenya, frequently managed by parent/community committees, often with very few financial resources and equipment,[65] have a greater claim to a community base than programs in many other countries:

> To set up the programme in a particular location involves creating awareness in the community, formation of a committee, providing advice to the community, locating and equipping a site and choosing a teacher. At the community and classroom level, running the programme can involve, in addition to classroom teaching, working with parents and community groups.[66]

The Kenyan preschool curriculum draws on local stories, dances and games and exists in at least 13 different languages. The system is decentralized, with county, town and municipal governments taking an active role in administering the programs in partnership with parent/community committees. While scarce resources do present challenges to the accessibility and availability of quality child care,[67] the foundation of community involvement ensures that programs are responsive to diverse local needs and that community members are committed to the continued development of the child care system—key conditions for quality child care.

Colombia is a further example of a country which, despite few resources, has developed a community-based response to the needs of young children, while simultaneously attempting to strengthen the economic position of community members, particularly women. The Colombian program of "Homes of Well-being" is a large-scale, neighbourhood-based system of family child care for children from birth to age seven. The degree of community involvement in the design and delivery of the program is extensive:

> Community members participate in an initial analysis of the communities [sic] needs for services, taking into account children's ages, family income and employment and physical and environmental variables. (If services are needed that the programme cannot provide, links are made to other organizations that can assist.) The community also determines the number of "Homes of Well-being" that will be necessary to meet children's needs and selects local women to become home day care mothers. Local management is the responsibility of a board consisting of parents who are responsible for purchases and payments to the community mothers.... Day care mothers receive training in the care and development of children as well as in family and community relationships and in nutrition and health.[68]

In Majority World countries, as in North America and Europe, there are many programs which focus on the child or the caregiver, using community involvement as a means to accomplish the desired goal.[69] A different approach, however, is to view children as the entry point for community development, which, as noted by Myers, "is seen as the most appropriate means for fostering the improved development of children in the long run."[70]

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One particularly striking example of this approach is the PROMESA project, which began in 1978 in the Choco region of Colombia. The PROMESA project was based on the assumption that individuals must have direct involvement in the intellectual, physical, economic and sociocultural conditions that impact their well-being and development. As described by the project coordinators, what began as a project focused on the development of children soon evolved into a comprehensive community development process led by community members:

> The program began by encouraging groups of mothers, under the leadership of "promotoras," to stimulate the physical and intellectual development of their preschool children by playing games with them. Gradually, during the meetings the mothers started to identify other problems related to topics such as health, nutrition, environmental sanitation, vocational training, income generation and cultural activities. Over time therefore, as individuals gained confidence and developed a greater understanding of their overall needs, PROMESA expanded into an integrated community development project, with the entire community participating in one or more aspects of the program.[71]

A number of other programs are underway in Majority World countries that support children and families, while promoting community dialogue on early childhood programs and other issues affecting the community. Chile's Parents and Children Program (PPH) is a good example. The program integrates the goals of healthy child development, personal growth for adults and community organization, as follows:

> To achieve these goals, weekly meetings are organized in participating rural communities.... The meetings are timed to coincide with a radio broadcast over a local radio station which uses radio dramas and other devices to pose a problem and to stimulate discussion. Discussions at the meetings centered, originally, around different aspects of the up-bringing of children.... These topics have broadened to include questions related directly to earning a livelihood. Within the project, the child development goal is also promoted through preschool exercises for children.... An evaluation of the programme has shown positive effects on the children, on their parents and on the community at large (Richards, 1985).... The evaluation identified changes in adult attitudes and perceptions... [in] the ease with which they reached agreements and their ability to act on conclusions. The basic change identified was from "empathy" to participation in constructive activities as a sense of self-worth was strengthened.[72]

As in the discussion of community development in North America and Europe, the examples above provide a snapshot of only a fraction of the activity underway with respect to early childhood development in Majority World countries. As noted above, many Majority World countries are successful in creating community-based early childhood services of good quality with few economic resources. In these countries, the importance of mobilizing people—often the greatest resource—is particularly evident. In some respects, Majority World countries are more successful than more affluent countries in providing coordinated, community-based services to children and families, precisely because they are constructing their systems from the ground up. By contrast, North American and European countries are faced with a different challenge: reforming highly developed service infrastructures which have grown up independently and have become entrenched in bureaucratic structures and traditions that tend to exclude community perspectives.[73] As such, Majority World countries provide useful examples of alternative approaches to the delivery of services to children and families and, given their relative lack of financial wealth, provide clear evidence of the contribution of community development in promoting quality child care.

Discussion/Conclusion

Thus far, this paper has explored a number of examples of approaches to community development in the context of child and family services, including child care. Many of the examples suggest that early childhood services can provide a basis for broader community development. As such, the examples may suggest that child care may play a positive role in the development of "high quality" communities. However, the connection between optimum community development and quality child care may be less clear, in part because of the limited way quality child care has been conceived of in North America. A broader conception of quality is necessary to answer the question posed by this paper: What is the connection between quality child care and community development?

Katz[74] identifies five perspectives on quality in early childhood programs:
- top-down: quality as seen by the adults in charge of the program;
- bottom-up: quality as experienced by the children participating in the program;
- inside-outside: quality as experienced by the families served by the program;
- inside: quality from the perspective of the staff working in the program; and
- outside or ultimate: quality as seen by the community and the larger society served by a program.

North American conceptions of quality child care tend to be dominated by the top-down perspective, which typically takes into account such program features as: staff/child ratios, staff qualifications and working conditions, characteristics of adult-child relationships, quality and quantity of equipment, materials and physical space and health and safety provisions.[75] These features, often included in licensing standards, are associated with positive developmental outcomes for children,[76] but they only constitute one aspect of quality, within the framework presented by Katz. These features do not take into consideration the perspectives of children, parents, caregivers or the community at large—or the complex interrelationships among these perspectives.

The features associated with the top-down approach, as described above, have come to dominate the "discourse of quality."[77] While, as Moss notes, these features are useful, it is important to recognize that their esteem derives primarily from a business model of quality assurance, where the primary objectives are "standardisation, reliability and objectivity of measurement, the aim being to reduce the complexity of the service to basic measurable parameters; and reduction in the variation of products, since variation is equated with defects."[78] This conception of quality is by no means universal or without historical context. Yet it appears to be gaining ascendancy not only in North America, but also in Europe,[79] leading a Danish child care expert to reflect:

> In the past, "quality" was generally used to provide a brief reference point in describing an experience and as a way of expressing in shorthand a complexity which was hard to define otherwise without using thousands of words—and even if thousands of words were used, the feeling remaining would often be that the description had only scratched the surface of what had actually been experienced. The concept of quality is used differently today, especially in Danish business life where the subject has been addressed for some time. The results achieved do not look promising, at least for child care services. The key words seem to be "quality management" and "quality control" and *there is no mention of the kind of quality which might lead to indefinable change*. These days, quality has to be defined and measured precisely. *Perhaps true quality is no longer really required.* Perhaps the main aim is simply to achieve tighter management and tighter control.[80]

Such reflections, even if they may be dismissed by some as nostalgia or disenchantment, serve nonetheless to place top-down conceptions of the discourse of quality into question and to highlight the need for a counter-discourse which:

> ...needs to be able to accommodate features of advanced modernity which the "discourse of quality" is not well equipped to handle: increasing diversity and multiple perspectives; increasing change; uncertainty; reflexivity; contradictions and ambivalence; and subjectivity. It should be based on the concept of citizenship, defining a place for all its members, children and adults and on values that are not easily accommodated in the discourse on quality: solidarity and reciprocity; democracy and inclusion; tolerance and trust; mutual respect; dialogue and confrontation. Finally, the counter-discourse needs to include a

> concept of services for young children as societal institutions, with cultural and social significance, where varied cultural and social projects take place....[81]

Clearly such a discourse, which is simultaneously a counter-discourse to the established discourse of quality and an integral component of a broader conception of quality, can only take place with the full participation of the community. Within this framework, quality child care (its definition and implementation) is inseparable from community development. How can such participation be encouraged? Where can it take place? Is the community interested in participating in such a dialogue?

It is doubtful whether, in a North American context, a large-scale dialogue on the level that Moss suggests, however desirable and however necessary, could take place without significant social change. It is likely that, were invitations extended to the community to participate in such a dialogue, only the most empowered of citizens would attend; generally speaking, such an enterprise would likely be perceived as having little practical relevance and as an additional "task" in an already overburdened home/work schedule. In order for families to be mobilized to genuinely participate in the development of quality child care, they would have to be more closely involved in the child care system. In order for that to take place, families need greater support for their role in society. As noted by one author, the child care system is a good beginning point to provide that support:

> The child care system...has the greatest potential for providing family support in urban industrialized countries.... Child care centres can...take on additional roles as an information and referral centre; a parent education centre with resources from both professionals and parents; a support centre for parents who share common problems; and a leadership training centre where parents can suggest and undertake action to improve the quality of care in the centre and in the home. From the child care centres, parents can transfer these new attitudes, skills and knowledge to the school system when the child enters primary school. As a family support agency, the child care centre has much to offer.[82]

Putting such ideas into practice would require (besides the necessary funding) a reconceptualization of the child care system, a greater permeability between the child care system, other social services and the broader community. Such a reconceptualization could support greater investment in the child care system as an important part of community infrastructure and possibly the citizen empowerment necessary for genuine dialogue on quality child care and related issues.

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3. Harms & Clifford, 1982.
4. Bernhard et al., 1996.
5. Nsamenang, 1992; Kagitcibasi, 1996; Woodhead, 1996.
6. Moss & Pence, 1994.
7. Katz, 1996; Lubeck, 1996; Stott & Bowman, 1996.
8. New, 1997.
9. Moss & Pence, 1994; Dombro et al., 1996; Kagan et al., 1996; Woodhead, 1996.
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11. Dombro et al., 1996, p. 7.
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13. Ibid.
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15. McKnight, 1995.
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19. Dombro et al., p. 313.
20. Ibid.
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23. Dombro et al., 1996.
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25. Kagan et al., 1995.
26. Dombro et al, 1996, p. 57.
27. Ibid.; Morton, 1996.
28. Dombro et al., 1996.
29. Schorr, 1988.
30. Kretzmann & McKnight, 1993; McKnight, 1995.
31. Bouchard, 1996, p. 3.
32. Ibid.
33. Schorr, 1988; Adams & Nelson, 1995; McKnight, 1995.
34. Dombro et al., p. 330.
35. van der Eyken, 1991, p. 8.
36. Dombro, et al., 1996.
37. Fullan & Miles, 1992.
38. Cochran, 1993; European Commission Network on Child Care, 1996.
39. Smith & Farquhar, 1994, p. 123, 125.
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42. Ibid., p. 131.
43. Jensen, 1994, p. 154.
44. Ibid., p. 156.
45. Mayall, 1996.
46. Ibid.
47. Langsted, 1994.
48. Langsted, 1994, p. 32.
49. Woodhead, 1996; New, 1997.
50. Cochran, 1993.
51. Woodhead, 1996.
52. Ibid., p. 34.
53. Larner & Phillips, 1994, p. 58.
54. Woodhead, 1996, 35, 36 & 79.
55. Dahlberg & Asen, 1994, p. 166.
56. Ibid.
57. Gothson, 1991, p. 11, quoted in Dahlberg & Asen, 1994, p. 167.
58. Gandini, 1992.
59. New, 1997, p. 10.
60. Ibid.
61. Putnam, 1993.
62. New, 1997.
63. Ibid., p. 51.
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65. Woodhead, 1996.
66. Myers, 1992, p. 6.
67. Woodhead, 1996.
68. Myers, 1993, p. 85.
69. Myers, 1994; Dombro et al., 1996; Healthy Child Development Project, 1996.
70. Myers, 1994, p. 73.
71. International Center for Education and Human Development, quoted in Myers, 1994, p. 73.
72. Myers, 1993, pp. 92-94.
73. Pence & Benner, 1997.
74. Katz, 1993.
75. Ibid.
76. Harms & Clifford, 1980; Doherty, 1991; Howes et al., 1991; Goelman & Pence, 1988; Phillips, 1987.
77. Moss, 1997.
78. Ibid., p. 9.
79. Dahlberg & Asen, 1994; Jensen, 1994.
80. Ibid., 1994, p. 156, my emphasis.
81. Moss, 1997, p. 11.
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Community Development

Models of Engagement and Evaluation

by Allison Benner

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Abstract

In the 1990s, there has been a resurgence of interest in community development. Not since the 1960s has there been such widespread affirmation of the importance of strengthening communities as a means of addressing social needs. There are a variety of reasons for the recent focus on community development approaches to service delivery. First, there is mounting evidence of social problems that threaten the short- and long-term health of communities and, by extension, society.

The widespread nature of these problems—and their seeming intractability despite substantial investment of public resources in health and social services over the past three decades—have created a sense of urgency. Clearly, there are collective problems and equally clearly, they demand a collective response. Federal and provincial governments have decreased spending and devolved responsibilities to successively lower levels of government. In this context, "community" becomes a code for decreased public sector responsibility and increased cost savings. These trends actually run counter to community development, which requires significant financial resources to be effective.

Child care occupies an interesting position in the context sketched above. Yet, child care remains chronically underfunded and, in the current fiscal climate, is less likely than ever to receive the funding necessary to create the high quality, accessible, affordable system which child care advocates have sought. The current emphasis on community, if not managed carefully, could even serve to undermine the fostering of collective responsibility for child care.

Within this context, the child care field must continue to highlight the pivotal role of quality. It must continue to press for public policies and funding for child care. It must promote

greater community involvement in child care. It must also explore creative models of service delivery that better integrate child care with other community services.

This paper explores models of community engagement and evaluation currently underway across North America, with a view to meeting these challenges.

Introduction

In the 1990s, there has been a resurgence of interest in community development. Not since the 1960s has there been such widespread affirmation of the importance of strengthening communities as a means of addressing social needs. A recent compendium of activities across Canada relating to children and youth[1] reveals the extent of the current focus on community-based initiatives. Virtually without exception, all 12 provincial and territorial governments have made some degree of commitment to making services more relevant to communities, whether through service coordination or integration, system reform, greater involvement of communities in shaping services or providing communities with the necessary resources to develop local solutions to local needs. Indeed, the assertion that "communities know best" has become almost a mantra among policy-makers across the country.

There are a variety of reasons for the recent focus on community development approaches to service delivery. First, there is mounting evidence of social problems that threaten the short- and long-term health of communities and, by extension, society. Within the past 20 years, social and economic conditions have provided rich soil for the rapid growth of the following problems:

- poverty, hunger and homelessness;
- endemic high levels of conflict and violence in families and society;
- parental separation, divorce and father abandonment;
- parents forced to spend more time earning a living, so that they have less time and energy to spend with their children;
- families in which two parents must work in order to survive;
- insufficient adequate day care for infants, preschoolers and latchkey school children;
- widespread alcohol and drug abuse; and
- major increases in reports of physical, emotional and sexual abuse.[2]

The widespread nature of these problems—and their seeming intractability despite substantial investment of public resources in health and social services over the past three decades—have created a sense of urgency. Clearly, these are collective problems and equally clearly, they demand a collective response. There is, however, growing doubt that the professionalized, bureaucratized service delivery system that has developed in the post-war era can address these problems. Indeed, there is increasing suspicion that it may unwittingly have contributed to their development.[3] By contrast, the notion of community offers a model of collectivity with historical roots in which people can work together to identify needs and harness strengths to address such problems. As noted by Rothenbuhler:

> Communities are thought of as being based on primordial ties that create commonalities that are more important than other social differences; these ties produce consensus, a concern with the other as a whole and particular person.... Communities are thought to be nurturing and healthful; places where we accept and care about each other.[4]

In contrast to the ideal of community as described above, there are other less salutary reasons for the current focus on community. In Canada, federal and provincial governments have decreased spending and devolved responsibilities to successively lower levels of government. In this context, "community" becomes a code for decreased public sector responsibility and increased cost savings. These trends actually run counter to community development, which requires significant financial and other resources to be effective in the short or long term.[5] As noted by the Caledon Institute of Social Policy:

> It cannot be stated strongly enough...that this community focus is feasible only within the context of a clearly-defined public sector at both the federal and provincial levels. Sustainable social policy is not intended to provide a rationale for the "communitization" of social programs.[6]

Child care occupies an interesting position in the context sketched above. On the one hand, child care is often perceived by the general public as contributing to poor outcomes for children and society generally. On the other hand, decades of research have confirmed that high quality child care can enhance children's physical, social, emotional and intellectual development, particularly for children "at risk."[7] Given the increasing numbers of children "at risk" across all social classes,[8] an investment in high quality child care is an investment in the future health and prosperity of individuals, families, communities and societies—an investment which might well outperform the stock market.[9] Yet child care remains chronically underfunded and in the current fiscal climate, is less likely than ever to receive the funding necessary to create the high quality, accessible, affordable system child care advocates have sought. The current emphasis on community, if not managed carefully, could even serve to undermine the fostering of collective responsibility for child care.

Complicating this picture is the questioning in recent years of the basis of research on child development and, by extension, quality child care.[10] North American conceptions of child development and quality child care are rooted in a cultural context that tends to privilege cognitive over social competence, individual over group development, measurable over intangible goals and professional over lay perspectives.[11] These values limit the potential contributions of communities to the development of a quality child care system, even as child care researchers and practitioners increasingly recognize the importance of community involvement in developing and delivering child care services.[12]

Within this context, the child care field faces multiple challenges. It must continue to change public attitudes towards child care, highlighting the pivotal role of quality as conceived by current research, while at the same time broadening the dialogue on quality at the community level. It must continue to press for public policies and funding for child care, while at the same time avoiding the bureaucratization that such policies and funding have tended to produce among other health and social services. It must promote greater community involvement in child care, without furthering the perception of child care as an unskilled occupation that can be performed by volunteer labour. It must increase the visibility of child care, while exploring creative models of service delivery that better integrate child care with other community services for children and families.

This paper explores models of community engagement and evaluation currently underway across North America, with a view to meeting these challenges.

Models of Engagement

Community development, at its best, provides for the meaningful involvement of all members of the community in the planning, implementation, delivery and evaluation of services for children and families, including child care services.

For the purposes of this paper, "community" includes: nuclear and extended families; voluntary, community and non-governmental organizations; faith organizations; agencies of local government; and local private enterprise and media. Also included are national and international non-government organizations; agencies of national and provincial governments; and national media.[13]

The list above refers to the constituent parts, the members of community, the range of possible stakeholders. However, it is also important to consider community as a process—the process by which the various members of community discover what they have in common and build on that foundation.

To be most effective, that process must encourage meaningful involvement. Community engagement takes place along a continuum. At one end of the continuum lies the simple use of a service. Moving along the continuum to greater degrees of participation are: passive involvement through attendance at meetings; participation in consultation on particular issues; involvement in the actual delivery of a service; and decision-making power with respect to services.[14]

While there is growing recognition of the importance of community involvement in child and family services, community engagement, for the most part, is concentrated at the passive end of the continuum. Moreover, there are few occasions in which all members of the community are simultaneously and meaningfully involved in the community development process.

This section of the paper describes issues and strategies relevant to the mobilization of all members of the community. While issues and strategies have been divided into different sections (engaging service providers, engaging the public, engaging parents and engaging businesses), it would be contradictory to the intent of this paper to suggest that the strategies that apply to one group could not be applied to another. The engagement of a particular group should occur simultaneously with the engagement of all the others.

Engaging Service Providers

In order for child and family services to become more community-oriented, service providers need to reduce the distances that separate them from one another and from the children and families they serve. Service coordination and integration efforts are common across North America, as are efforts to make services more responsive to and involving of, communities.

In order to overcome the specialization that tends to occur when services become highly professionalized, service providers must focus on their shared goal of meeting the needs of children and families, rather than on the particular theories and practices that distinguish their professional roles. This interdisciplinary focus can be fostered by the creation of voluntary associations of service providers from the child and family service professions. Child and family service providers, who are committed to community-responsive and inclusive approaches, will have greater impact in fostering systemic change if they form networks than if they remain isolated voices within professional associations and service delivery agencies that may be resistant to change.

The Ontario-based Sparrow Lake Alliance, founded in 1989, is a positive example of such a network. The alliance is a coalition of many professions and service sectors that provide services for children, along with representatives of parent and youth associations. Its membership includes child psychiatrists, clinical psychologists, child and youth workers, early childhood educators, teachers, school administrators and trustees, physicians, nurses, lawyers and judges. Also represented are five government ministries that plan and fund services for children. Alliance members work together to create the conditions necessary to give children in Ontario a healthy start in life, using an interdisciplinary and prevention-oriented approach.[15]

For example, the alliance was instrumental in promoting collaboration between the Children's Aid Society of Toronto, the Hincks Treatment Centre and Ryerson Public School, an inner city school in Toronto with a high population of disadvantaged children. As a result of that collaboration, school staff developed greater empathy for the situation of the children they served and became more child-centred and community-oriented in their work, resulting in greater communication and cooperation with parents. The alliance also promotes interdisciplinary consultation and collaboration between child care workers and other service providers, potentially enhancing the quality and community-responsiveness of services.[16]

The efforts of some service providers are complemented by reforms of child and family services across Canada. A number of provinces, including Nova Scotia and (most recently) British Columbia, have decentralized child and family services in an effort to make them more responsive to community needs. Nearly all provinces have attempted some degree of service integration and many have introduced comprehensive initiatives to meet the needs of young children.

For example, New Brunswick's Early Childhood Initiatives, introduced in 1992, represent an effort to address the needs of the "whole child." The initiatives include enhanced public health care screening, early intervention and integrated child care, nutrition and preventive social work. They have a stated purpose of working with clients to identify their own strengths, resources and needs, as well as their own goals, with professionals functioning as facilitators in this process.[17]

Ontario's Better Beginnings, Better Futures is another initiative that aims to provide comprehensive services to young children, with a focus on prevention. To a much greater extent than the New Brunswick initiative, however, Better Beginnings, Better Futures provides for significant community involvement. The committees and subcommittees in the 12 neighbourhoods selected for the initiative must include at least 50 per cent parent and community membership. As well, the research strategy on the benefits of the initiative will measure long-term impacts of holistic prevention, not only on children and families receiving services, but on the communities as a whole.[18]

The initiatives underway in Canada are mirrored by similar reform efforts in the United States. At least 10 states have created state-wide governance structures for child and family services, which mandate community participation in decision-making.[19] Some states have taken creative measures to free communities to rethink and redesign the child- and family-serving system. For example, through Ohio's Family and Children First Initiative, a number of "regulation-free zones" were established to allow local community leaders to examine rules that may prevent effective cross-sector, family-centred service delivery. Following a predetermined period of time, counties could recommend and negotiate permanent regulatory changes with state and federal officials.[20]

Numerous initiatives have made explicit efforts to involve families directly in reforming child and family services. For instance, North Carolina's Family Ties initiative, a community-based family outreach, information and leadership strategy, wanted to identify and improve its services to families with young children that were not accessing (but possibly needing) child care and other child development services. To achieve this goal, the initiative employed residents from disadvantaged communities as community outreach specialists. In this way, the project was successful in gaining greater entry into hard to reach communities, while also fostering local leadership development.

New Beginnings, a collaboration of agencies in San Diego working to make child and family services more effective and accessible, collaborated with families in an action research project. In this project, a social worker worked closely with 20 families over a three- to four-month period in an effort to see the service system from their perspectives. The social worker interviewed the families and accompanied them to agencies in an effort to share their experience of the system. The New Beginnings initiative also included focus group workers and supervisors from a variety of child- and family-serving agencies. These focus groups were instrumental in helping staff see themselves as part of a system rather than simply as individuals.

It is encouraging that governments and service providers are recognizing the need to reform systems to children and families. Governments and service providers are significant community members and their commitment to reform is critical. While current reforms may differ in the extent to which they directly involve communities, they are, overall, likely to result in services that are more responsive to the needs of children, families and communities. By and large, however, they are initiated by professionals and decision-makers in response to major social problems. However well intended, reforms remain changes that are made to, more so than with, communities. This is not intended as a criticism of current reforms; it is only to acknowledge that efforts to empower communities more broadly must occur simultaneously.

Engaging the Public

Service providers and government policy-makers are exposed daily to the evidence of social and economic problems on a broad scale. Members of the public are more likely to be confronted with these issues in isolated cases encountered in their daily lives or as media reports where they are engaged only as spectators. If whole communities are to be mobilized to engage in dialogue and action on behalf of children and families, there must be greater collective awareness of and responsibility for the issues facing children and families. This section describes issues, strategies and examples relating to public engagement on issues relating to children and families.

Before providing examples of public engagement initiatives, it may be useful to consider the United States Advertising Council's recent research into societal perceptions of children's issues. In 1995, the Advertising Council launched "Commitment 2000: Raising a Better Tomorrow," a 10-year initiative focusing on children. A preliminary analysis of research findings indicated that although most people cared about children, they felt unable or unwilling to take action to improve their prospects. A major barrier to action was the perception of children's problems as the problems of their parents (who were, according to public perception, too concerned with acquiring wealth to provide proper care for their children) or of society as a whole. Moreover, these problems were seen as part of a global and "irreversible pattern of economic and moral decay," in which most people were pessimistic about their own prospects, let alone those of other people.[21]

The council conducted follow-up research in an effort to determine ways to get beyond these considerable barriers to public engagement. The research findings identified the following counterproductive and motivating strategies:

- **counterproductive** strategies: appeals to self-interest; appeals to altruism; shocking statistics; and messages aimed at shocking or humiliating people into action;
- **motivating strategies:** success stories; appeals to the shared experience of parenting as a difficult job; emphasis on the episodic rather than chronic difficulties of families; promotion of voluntarism as a necessary and valuable activity; emphasizing the choice between being a good or a bad role model.[22]

In conducting a public engagement strategy, it is also useful to consider the seven successive stages people go through as they develop awareness of and engagement with, an issue:

1. People become aware of an issue;
2. People develop a sense of urgency;
3. People look for answers;
4. Obstacles stall constructive discussion;
5. Choicework occurs;
6. People begin to accept change intellectually;
7. People make a responsible moral and emotional judgment.[23]

In designing a public engagement strategy, it is important to assess the stage at which public perceptions generally rest and to design a long-term, dynamic strategy that capitalizes on the different stages of the process (rather than; for example, conducting a public engagement campaign that year after year, focuses solely on raising public awareness and never gets to the stage of engaging the public in discussion and choicework).

It is also critical that public engagement be distinguished from public relations as generally practised by businesses and various levels of government. As noted by Jean Johnson, senior vice-president of Public Agenda, a non-partisan, non-profit public opinion research and citizen education organization:

> ...public engagement is not the same as public relations. The traditional public relations model is built around a top-down, "one-way street" method of communicating. Leaders and experts focus on developing a persuasive strategy to convince the public to accept a predetermined alternative. Public engagement entails drawing the public into the communications process—encouraging them to weigh a range of choices and allowing them time to deliberate and reach their own conclusions. In this "two-way street" model, the public grapples with issues and is not passive. Public engagement requires greater time and energy on behalf of leaders and experts, but it gets to the root of what democracy is all about.[24]

There are many examples of promising public engagement efforts across Canada and the United States relating to children and families. One of the major accomplishments of the Sparrow Lake Alliance (discussed under "Engaging Service Providers") is the creation of Voices for Children (formerly the Coalition for Children, Families and Communities). Voices for Children is an Ontario-based umbrella organization focusing on healthy child and youth development. The group has launched a comprehensive public education program to "mobilize community members from diverse sectors such as business, labour, social services, education, health, seniors and faith groups to work together to make children and youth a priority in their own communities."[25] Voices for Children sponsors a discussion group on children and youth issues on the Internet. It also publishes a range of materials aimed at fostering dialogue and mobilization at the community level, including an interdisciplinary newsletter (with contributions regarding child care), fact sheets and community action guides.

In the United States, the national Child Care Aware campaign has succeeded in raising awareness of quality child care through its quality checklists and its toll-free telephone line, which directs parents to child care resource and referral agencies in their communities. Hundreds of thousands of parents in the United States have accessed Child Care Aware's resources and information in their child care search.[26] It would be interesting to see such models evolve into forums for national dialogue on issues relating to quality child care, rather than strictly as a means for parents to "find out" about quality.

Widespread public engagement strategies most commonly rely on print, radio, television and (increasingly) computer media, as well as on speeches and presentations at civic events. Sometimes, however, engagement depends on providing direct experiences to targeted groups within the public. For instance, a New York-based group promoting education wanted to increase business investment in and public commitment to public schools. To accomplish this goal, the New York City Partnership launched a "Principal for a Day" initiative. By spending a day as a principal, business leaders learned first hand about the challenges that public school administrators face first hand. These business leaders were more supportive of public education as a result of this experience.[27]

The examples above are but a few of the public engagement strategies relating to children and families. Broad public education initiatives are not sufficient to empower children and families at the community level. They may, however, foster a climate in which public commitment to children and families at the community level is more likely to take hold. Also, individual communities can launch their own public engagement strategies tailored to local needs.

Engaging Business

The issue of how to engage businesses in community development with respect to children and families is one fraught with tensions, particularly in a Canadian context. On the one hand, businesses are without a doubt part of the community: physically, they are located within the community and they may be owned by and employ community members. Businesses are also potentially valuable allies in community mobilization because of their influence at the community and societal level and because of the substantial financial and human resources at their disposal. Yet businesses (particularly large businesses) operate according to a market model which may well represent a significant threat to community.[28] Also, the pursuit of partnerships with businesses may be perceived as a retreat from the pursuit of national or provincial policies and funding for child and family services.

Despite these cautions, there are many examples in Canada[29] and the United States[30] of good corporate citizenship with respect to children and families. For example, many companies such as the Body Shop, have introduced community volunteer policies which encourage the participation of their employees in community services:

> The Body Shop introduced a policy that calls for each store to contribute 16 hours per month of paid staff time to volunteer activities in local communities. Stores participate both in national campaigns organized by head office and in local activities. In Ottawa-Carleton; for example, the Volunteer Centre matched volunteers from the Orleans Body Shop with a Military Family Resource Centre. Two Body Shop employees participate once a week for two hours in the Centre's Parents and Tots program, designed to help parents develop supportive networks while their children learn to socialize and play in groups.[31]

Similar volunteer promotion policies have been implemented by many other companies in Canada, including Chevron Canada Resources, Wascana Energy and Levi-Strauss. The value of such policies lies not so much in the donation of free labour as in the promotion of civic participation, public awareness and commitment to issues relating to children and families. For example, in Regina, Wascana Energy volunteers participate in an inner city elementary school by attending the school's breakfast program and reading to the children.[32]

Some types of businesses are well disposed to serve as "public spaces" for children, youth and families. Perhaps the best known and most successful example of this phenomenon in Canada is the Dufferin Mall. Mall management and merchants, staff, students and administrators from local schools, social service agencies and community organizations, police, faith groups and local government have all collaborated to address the issues of youth violence and alienation in the west end of Toronto.[33] The mall, which had once functioned as a distinctly threatening public space (a hangout for youth gangs and drug dealers), evolved into an "up-to-date village square".[34] Services for youth located in the mall include counselling, community support services, cooperative education opportunities and a theatre program. As noted by Pante, these initiatives have been successful because:

> ...the youth have been given a stake in the mall. The youth benefit from the changes that are taking place and they can help make change happen; youth are involved in advisory committees, program development and decision-making. They have been supported to take responsibility for their actions.[35]

Clearly, it is such community development principles in action that one would wish to see more of. It is somewhat dismaying to reflect by comparison on the dearth of such public spaces in what are supposed to be public institutions.

Building on the success of initiatives such as those noted above, some businesses and financial institutions have developed more comprehensive initiatives to strengthen their investment in communities. For example, in 1994, Chevron Canada Resources launched a comprehensive Chevron Partnership Program, which included the volunteer policy already noted above, as well as incentives for employees to participate in community fundraising and a matching grants program. In order to be considered for a Chevron community investment, community organizations seeking support must:

- have programs that are aligned to company priorities;
- want to be involved in a partnership;
- provide opportunities for CCR employees to volunteer;
- provide opportunities for CCR management to take a leadership role;
- provide a service that is a high value to the community;
- use community volunteers in their programming;
- not duplicate an existing service;
- create opportunities to promote the partnership in the community and within their organization; and
- have processes in place to evaluate program effectiveness.[36]

Without wishing to detract from what is unquestionably a positive, community-strengthening initiative or to dispute the right of a company to dispose of its profits according to criteria it deems suitable, the criteria bolded and italicized above highlight why business partnerships should not replace, even minimally, public sector policies and funding for children and families. At best, business partnerships can supplement other community and public sector commitments.

Increasingly, businesses are recognizing the value of early childhood services, including quality child care, in sustaining a healthy economy and a productive workforce. Businesses (and in recent years, governments) are particularly swayed by cost-benefit analyses such as the one conducted on the Perry Preschool Project.[37] As noted by Steinhauer:

> ...in 1987, the Committee for Economic Development (CED), a group of CEOs and business executives in the U.S., called for a major new commitment to families and children by presenting the cost-benefit case for meeting children's primary needs. For example, the CED recognized that improving the prospects for infants and children through better prenatal care and early childhood education is not an expense, but an excellent investment, one that can be avoided only at great cost to society's future.[38]

The potential convergence of businesses, governments and the public on the value of early childhood services as an investment makes that line of argument particularly attractive and persuasive in an era concerned with cost savings and efficiency. Yet the words of detractors should not be dismissed:

> It is difficult to design or argue for policies to reduce inequality if one has to define them in the terms of the dominant market philosophy. To some extent, the success of alternative kinds of social policies depends on the ability of advocates to recapture the rhetoric of public policy from the market ideology that now predominates. To create alternatives to the inequalities reproduced and intensified by markets, public discussion of social problems and policies must be carried on with a non-market rhetoric. Notions of family and community have not yet lost their non-market meanings; we should see that they do not.[39]

Engaging Parents

Clearly, a community engagement strategy on issues relating to children and families must include specific ways to empower parents to participate in the planning, delivery and evaluation of services. Particular efforts must be sought to engage parents from marginalized communities to participate in community development. Otherwise, services and initiatives are likely to reflect the needs and priorities of only those parents who are already well-disposed to participate in the decision-making process. Some creative strategies to enhance parents' voices are described below.

The development of the State of Connecticut's Parent Leadership Training Institute highlights parental perceptions of their capacity to act as change agents in the child- and family-serving system. While planning the state's school readiness campaign in the early 1990s, the Connecticut Commission on Children conducted focus groups to find out if parents were interested in changing policy. The Commission found:

> In group after group, across the lines of educational background, socioeconomic class, race and gender, parents expressed an interest in changing policy, but they said they did not see themselves as a constituency. They did not feel angry or frustrated about being left out. Indeed, many of the parents had the desire and skills to be leaders, but did not see themselves as social change agents and did not have the supports for empowerment.... The focus groups revealed, [however,] that parents, particularly low-income parents, often felt that traditional "parent education" was racist and condescending. These parents did not want to be told how to be a parent. They were not looking for parent education. Instead they were seeking the opportunity for skill building, the understanding of democracy issues, respect and the self-confidence an individual needs to try to improve the lives of his/her own children and the families in his/her community.[40]

In response to these findings and based on the specific skills parents said they wanted to develop, the Commission launched the Parent Leadership Training Institute in 1993. The initiative is a nine-month training course offered annually (in three-hour weekly sessions) to 25 parents in diverse Connecticut towns. The first half of the course focuses on parent leadership and the second on the development of political skills, in which parents design a children's agenda for the state. Parents also participate in a practicum giving them the opportunity to practise what they have learned in their communities. Preliminary results from a longitudinal evaluation reveal that 85 per cent of the parents who participate in the program become active in children's issues at the local and state level.[41]

The Right Questions Project (RQP) is another creative strategy to engage parents in dialogue about what they want for their children. The RPQ, a national initiative, trains parent leaders, school staff and representatives of community organizations to lead parent workshops aimed at enabling parents to formulate their own questions. As noted by the executive director of the project:

> We have learned that if people do not have experience in formulating their own questions, it is far more difficult for them to learn to advocate for themselves.

> Democracy begins with questions...questions about how decisions are made, who makes them and how we can take part in making the decisions that affect our families.[42]

Workshops generally begin by providing parents with a series of questions to reflect upon in small groups, such as: What is my child learning? What does my child need to be learning? Is the teacher teaching what my child needs to be learning? Is my child learning what she or he needs to learn? If not, what do I do? If so, what else can I do to help him/her succeed? What are the resources in the community that can be helpful to me? By starting with these questions, parents begin to develop their own questions and to develop communication and analytical skills. Eventually, groups prioritize the questions they have generated and develop a plan aimed at getting the information they need to take action in their own communities. Workshops of this nature could be designed to promote question and dialogue about quality child care and the needs of young children.

Opportunities to promote dialogue between parents and service providers (as well as other members of the community) are critical to fostering community understanding and commitment to the well-being of children and families. With respect to child care, one interesting strategy that has been tried in the United States is the creation of early childhood parent/teacher associations (PTAs). Early childhood PTAs have been organized in preschools, child care centres, workplaces, kindergartens and other community settings, such as libraries or recreational facilities.[43] The latter may function as "public spaces" where community members could be engaged in dialogue about the importance of early childhood.

Models of Evaluation

In this section of the paper, issues and strategies relating to the evaluation of community-based initiatives will be discussed, with a view to suggesting models of evaluation which may support community development, while also providing measures of accountability.

Over the past 30 years, professional evaluators and community service providers have had an uneasy relationship, owing to the very different paradigms they emulate in their respective roles, as described below:

> The citizen or professional practitioner is often under pressure to act immediately, to solve complex problems with the incomplete information on hand and to make judgments based on the knowledge available. The scientist is trained to reserve judgment until the data are complete, to test and refine hypotheses, to isolate variables and to hold conditions constant and to

> reinterpret observations and revise theories as new data become available. Whereas the citizen needs to develop complex strategies in a confounded, changing environment, the scientist is cautious in generalizing from the data and controlled conditions of research. At the extreme, scientific objectivity may seem to require separation between the researcher and subject.[44]

The evaluation of community-oriented initiatives presents several unique challenges. For example, community initiatives are often characterized by efforts to work across different systems or sectors, rather than focusing on the effects of a particular program (horizontal complexity). Such initiatives also seek to achieve a broad range of outcomes at the individual, family and community level (vertical complexity). In addition, their effectiveness often depends on their capacity to be flexible in response to the needs of particular communities and changing conditions over the life of an initiative. These are just a few of the variables that make evaluation of community initiatives problematic for traditional, scientific evaluation. As a consequence, some community planners have fallen into the traps of formulating goals in terms that are easier to measure (but which fail to capture the true intent of the initiative) or of eliminating outcome-oriented evaluation altogether.[45] These and related problems have plagued previous generations of community development initiatives.[46]

Notwithstanding the challenges noted above, appropriate models of evaluation can serve the following important functions in community development initiatives, as outlined by Brown:[47]

- They provide information about the ongoing implementation of the initiative so that its progress and strategies can be assessed and mid-course corrections instituted;
- They build the capacity of the initiative participants to design and institutionalize a self-assessment process;
- They draw some conclusions or judgments about the degree to which the initiative has achieved its goals;.
- They support a collaborative process of change that combines creating knowledge with mutual education and mobilization for action;
- They hold those conducting the initiative accountable to the funder, the community and/or the stakeholder groups;
- They contribute to the development of broad knowledge and theory about the implementation and outcomes of comprehensive community initiatives; and
- They promote a public relations and fund-raising capacity.[48]

Within the past three decades, new approaches to evaluation have been developed to address some of the challenges of evaluating community development initiatives, while meeting the important functions outlined above. These approaches include participatory, qualitative, contextual, theory-based and integrated quantitative-qualitative techniques of evaluation. These models, which are not mutually exclusive, are discussed below.

Partcipatory Evaluation

In the participatory model (also known as participatory research, action research and participatory action research), the evaluator, rather than acting as a "faceless judge,"[49] acts as a facilitator of an evaluation process that involves the community:

> Participatory research links knowing and doing through a three-part process of investigation, education and action. As a method of social investigation, participatory research requires the active participation of community members in problem posing and solving. As an educational process, participatory research uncovers previously hidden personal and social knowledge and develops skills which increase "people's capacity to be actors in the world." Finally, participatory research is a process of collective action which empowers people to work to transform existing power structures and relationships that oppress them.[50]

It should be noted that participatory research refers not so much to the ***content*** of evaluation but to the ***process*** of evaluation. As such, it is compatible with any of the evaluation models discussed below. For example, community members may work together in identifying the specific outcomes to be measured in a quantitative evaluation or in collecting case histories to be used in a quantitative approach. In participatory research, community members may act as advisory or steering group participants, key informants, and/or volunteers or paid staff as part of the evaluation team.

An example of a participatory approach to evaluation is the innovative 1, 2, 3 Go! initiative in Montreal. The evaluation plan for 1, 2, 3 Go! includes quantitative and qualitative measurements of program outcomes, including outcomes relating to the development of children, parents and the targeted communities. However, community members (including parents) are invited to participate in the identification of questions and outcomes they consider important, in the choice of methods of assessment and in the interpretation of the data to be gathered in the evaluation. In this model, the evaluator works in partnership with community members and program participants, while bringing rigour and professionalism to his/her role.[51]

Outcomes-Based Evaluation

Community-level indicators of health are often used as part of a quantitative evaluation of community development initiatives. Generally, community-level indicators fall into two categories: outcome indicators, which include social, health and developmental outcomes in the affected population; and contextual indicators, such as measures of the community structure and process that may affect children and family life.[52] These quantitative measures are often supplemented by qualitative measures of well-being, such as testimonials and case histories, which seek to give voice and texture to the chosen indicators.

An outcome orientation to evaluation takes the community as a suitable unit to measure the status of children on various social, health and developmental outcomes. Community-level indicators can help at both the planning and evaluation stages of a project: first, as baseline measures indicating areas of greatest need; and later, as measures of outcomes to determine the effectiveness of initiatives in improving outcomes for children and families. Outcome indicators may include measures of:

- health and safety factors, such as the infant death rate, the incidence of low birth weight, child abuse/neglect, child homicide and child suicide;
- social behaviour, such as the teen childbearing rate, delinquency rate and the teen drug violation arrest rate;
- cognitive development and achievement, such as the high school graduation rate, performance in math and reading and the youth employment rate; and
- economic well-being, such as the family poverty rate, child poverty rate and child public assistance rate.[54]

By contrast, contextual indicators highlight the role of communities as environments for children and families. (Environmental factors are, of course, often related to outcomes as measured above.) Contextual measures include:

- socioeconomic composition, such as the proportion of middle class, affluent and poor families and the representation of managerial and professional workers;
- age and family structure, such as the proportion of elderly people in the community, the number of female-headed families with children, male/female and child/adult ratios and the non-marital birth rate;
- residential mobility, including population gains or losses over a five-year period and residential tenure for more than 10 years; and
- environmental stresses, such as the incidence of vacant and boarded houses, housing code violations, personal crime and drug arrests.[54]

Community-level indicators are frequently used in service planning and evaluation. For example, the Metro Task Force on Services to Young Children and Families,[55] which recently produced its first Report Card on Children, mapped a range of outcome-oriented and contextual factors onto different communities in the Toronto area. As part of its evaluation plan, Ontario's Better Beginnings, Better Futures initiative is measuring a range of individual, family and community outcomes over a 25-year period, including how such outcomes relate to structures and processes undertaken throughout the initiative and to cost-effectiveness. The research plan that will guide the evaluation was developed following a broad consultation process, which included neighbourhood residents, as well as service agency personnel, educators and project staff members.[56]

Theory-Based Evaluation

Theory-based evaluation is a relatively new model that has significant potential, either on its own or in combination with measurable indicators, to support a collective social learning process—particularly if it is carried out in a manner which is inclusive of all community members.

Despite its rather arcane name, the idea behind theory-based evaluation is quite simple:

> Theories represent the stories that people tell about how problems arise and how they can be solved. Laypeople as well as professionals have stories about the origins and remedies of social problems (poor people want to work but the jobs have disappeared; services make people permanently dependent). These stories, whether they arise from stereotypes, myths, journalism or research knowledge, whether they are true or false, are potent forces in policy discussion. Policies that seem to violate the assumptions of prevailing stories will receive little support. Therefore, to the extent that evaluation can directly demonstrate the hardiness of some stories (theories) and the frailty of others, it will address the underlying influences that powerfully shape public discourse.[57]

Theory-based evaluation supports people to clarify their ideas about how to effect change—in other words, their ideas of what works in communities. Take; for example, a child care program for children in low-income families, which has a short-term goal of increasing school readiness and a long-term goal of promoting employment. Suppose that the program's activities focus on enhancing the cognitive development of children. What are the assumptions that underlie the program? The program is obviously designed with the idea that disadvantaged children get off to a poor start in school and later, in the workplace, because they lack intellectual stimulation in their homes. The program's sponsors may or may not have considered alternative theories; for example, that maternal education is a further relevant factor or that the overall composition of the neighbourhood in which the child grows up has an influence on the outcome. Theory-based planning and evaluation helps bring these assumptions to the fore and can also help guide the selection of indicators and contextual factors.

Interestingly, Weiss[58] reviewed a collection of documents about community-based, comprehensive, cross-sector initiatives for children, youth and families and identified a number of theoretical assumptions underlying these approaches. These theories include:

- you can make an impact with limited funds;
- an effective program requires the involvement of local citizens;
- urban neighbourhoods are appropriate units on which to focus program attention;
- neighbourhood action will achieve the initiative's goals;
- comprehensive services will lead to success; and
- social service interventions will succeed irrespective of employment conditions.[59]

As Weiss notes, the evidence for most of these assumptions is, as yet, inconclusive. In planning and evaluating community-centred, quality child care services, it would be interesting to explore not only theories of quality child care, but also key underlying concepts of community development.

Conclusion

This paper has provided a review of models of engagement and evaluation that are supportive of community development. The examples chosen are intended to illustrate some of the approaches taken in a North American context to foster an environment that supports public engagement on issues relating to the needs of children and families. The examples chosen do not necessarily represent the most evolved state of community development within a global context. They do, nonetheless, highlight some of the activities currently underway that provide a foundation upon which a genuine public commitment to children and families can be constructed in a Canadian context.

The pressures currently faced by families, including poverty and unemployment, difficulties harmonizing work and family responsibilities and the lack of quality, affordable, accessible child care, evidence a general lack of collective responsibility for the health and well-being of children and families. There is, however, growing recognition of the long-term benefits of supports to families, including high-quality child care for children, and mounting evidence of the social and economic costs of failing to provide such support. At the same time, however, governments at all levels face continued challenges in managing public dollars and continued pressure from taxpayers to reduce public spending even further. The tensions and contradictions in this situation provide unique opportunities for citizens to engage in dialogue about what they want for children and for society and about the role of child care in furthering or detracting from that vision. If that dialogue is to reflect the concerns of all Canadians, it will be important to mobilize entire communities in a process of reflection and action. This paper provides some examples of ways to engage service providers, parents, businesses and the general public in that dialogue. It also provides some models of evaluation that can involve communities in measuring accountability for the results and processes associated with community-based programs for children and families.

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48. Ibid., pp. 205-206.
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50. Nash, 1993, quoted in Brown, 1995, p. 217.
51. Bouchard, 1997.
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Troubled Relationships In Early Childhood Education

Parent-Teacher Interactions in Ethnoculturally Diverse Child Care Settings

by Judith K. Bernhard, Marie Louise Lefebvre, Kenise Murphy Kilbride,
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Abstract

In order to study the nature of the relationships between early childhood and minority families, we interviewed child care teachers (N = 199) and supervisors (N = 77) in three Canadian cities with major immigrant influx. Views of minority families were elicited through 14 focus groups (total attendance, N = 108) in these cities. A coordinated analysis of data revealed four main findings as follows:

1) *Although both minority parents and teachers agreed that minority parents were not involved enough in the child care setting, they disagreed about the reasons for the lack of involvement.*

2) *Minority parents and teachers tended to be unaware of their basic differences in ECE goals, particularly with respect to cognition, social skills and respect for authority; they gave conflicting accounts of difficulties related to these goals.*

3) *Schools and minority parents appeared to have substantial differences over what constitutes proper child-rearing methods in the home. The practices of minority parents were often viewed by teachers as lax.*

4) Based on teachers' and parents' reports, racial and discriminatory incidents, according to the various definitions of those involved, were not uncommon in child care centres; sometimes teachers were unaware of them. Subtle and unintended effects of racism were much more noticed by some parents than by many teachers.

Some of these difficulties may be linked to an "expert model" of early childhood education; hence it is proposed that a collaborative approach is one avenue to better relations between teachers and minority parents.

Introduction

Under present global migration patterns, we can expect the racial, cultural and linguistic diversity of the North American population to continue to increase. Children from all continents form substantial minorities in child care populations in the United States and Canada. In some cases, the various groups constitute a majority of children in early childhood education (ECE) centres. Hence, ECE centres face a variety of challenges and are called on to respond in new ways. Parent-teacher relationships are important in any educational setting; they are even more critical when parents and teachers come from different cultural and racial backgrounds because the two stakeholder groups are likely to differ in their approaches to child rearing.[1] Our basic premise in investigating differences in these relationships is that parents, as well as teachers, want the children to develop well and to succeed in school.

The challenges of ECE in diverse settings are faced by educators in all nations with substantial rates of immigration. In the United States, the National Association for the Education of Young Children (NAEYC) recently proposed a comprehensive response to diversity,[2] strongly emphasizing relationships between ECE teachers and families. The main recommendation was as follows:

> Parents and families should be actively involved in the learning and development of their children. Teachers should actively seek parental involvement and pursue establishing a partnership with children's families.... Parents and families should be invited to share, participate and engage in activities with their children.... Families and parents should be invited to share activities that are developmentally appropriate and meaningful within their culture....The early childhood educator should ensure that parents are informed and engaged with their child in meaningful activities that promote linkages between the home and the early care setting.[3]

Clearly, these educators see working with families as contributing to positive outcomes for children, especially in the area of retention of family language and culture. Because of the demonstrated correlation between home variables and children's success in school,[4] several Western countries have proposed policies and strategies to promote cooperation between parents and school staff.[5] Such strategies have begun to be implemented but there is little published large scale data on the difficulties of implementation or on detailing the interactions of stakeholders.

Parent-teacher relations reflect not only the problems of interaction between different cultural groups but also structural problems based on the present North American system of ECE. Since the beginning, preschools have dealt with issues of socialization but over the past century, educators' views and practices have undergone substantial development. Fein has noted how, during the first half of the 20th century, nursery schools either detached parents from the school or invited them to come and learn "about proper child rearing."[6] A cooperative approach was less commonly found. Investigators such as Kessler and Swadener, Lubeck, Mallory and New and Walsh[7] have called attention to what we will call a *standard model* for ECE currently followed by most centres in North America: administrators and teachers are the experts who make the decisions and are charged with the responsibility for informing and educating families of appropriate child rearing strategies. The expert approach, it has been argued, transmits a dominant culture and language to the children and families and is not normally based on genuine collaboration between equals.[8]

A second aspect of the standard model is the assumption of one universal pattern of proper child-rearing and development. Kessen[9] and others have documented the construction of the American child and how the educational system molds children in accord with that unitary construction. The current methods of assessment impute deficiencies to those children who depart from the alleged universal pattern. Elsewhere, we have proposed[10] that there may be multiple and equally valid developmental patterns and several other investigators have stressed the need for educators to consider pluralism in views of optimal child development.[11] In short, to the extent that parents' values are discounted there may be what we would call institutional hindrances to true collaboration between teachers and parents. Arguably, one way of promoting collaboration is to bring about the institutional reforms indicated in the NAEYC[12] recommendations.

There have been several general studies indicating particular problems in relationships between ECE teachers and families. For instance, Endsley and Minish[13] reported mostly short (12 second) routine interchanges where parents ask for information.[14] Parents and teachers have been found to have significant differences in values and expectations regarding the development of children.[15] Parents have been reported to feel coerced, not listened to and to have not benefited from increased contact with the school.[16] Parents at child care centres have expressed concerns around "negative child behavior and negative aspects of peer influence."[17] Yet much of such data is not broken down by culture and language. Chang's study[18] is an exception; it addressed the question of how programs may affect the continuing participation of parents in children's education. Based on the data about language barriers in communication with parents, the researchers suggested that "language and cultural barriers between child care providers and parents may be creating feelings of alienation for many language and cultural minority parents."[19] It is appropriate to duplicate her rigorous and large-scale approach in other areas of North America.

Theoretical Background

Relationships between ECE teachers and families also reflect wider problems within the social context. The structure of North American society cannot be understood without taking into account subordination of particular cultural and racial groups by the majority culture.[20] Here, *subordination* is intended to refer to all means by which groups become socially disadvantaged through the operation of institutional processes. When teachers and parents interact in what Miles[21] referred to as "racialized context,"[22] one is strongly influenced by the "race" categories in which people construe one another. Thus the outcomes of such encounters are often independent of the good intentions of those involved. We assume that preschool children have the beginnings of racial awareness and knowledge of racial and cultural stereotypes.[23] But even if children were blind to race, the racial and cultural aspects of their lives are obviously constructed by teachers and parents in particular ways that affect interactions of the children and all other stakeholders. Specifically, teacher-parent interactions reflect the perspectives of all stakeholders as to what is occurring in the racialized context of the children's educational environment. There is some evidence that incidents between children are designated as racial in accord with possibly different understandings of teachers and parents; the inference is based on numbers of racial incidents labeled so by parents but apparently not recognized by teachers who are understandably operating from their own perspectives.[24]

Troyna[25] has argued that such overt and identifiable incidents are not necessarily the most important manifestations of racism in a given educational system or society.[26] As a number of studies have reported, teachers, like others in the majority culture, may simply be unaware of racial dimensions of situations where there is no obvious ill-will among those interacting.[27] This may prevent people from appreciating the extent of racism and understanding the actual experiences of the children and families in the system. Thus it would appear that the ideal way to understand overt as well as subtle racial phenomena is to investigate in depth the experiences of substantial numbers of participants, including teachers and parents in all representative cities.

Studies of Parents and Teachers in Diverse Child Care Settings

When ethnocultural groups interact, differences in values, particularly with regard to program content, are an additional source of difficulties in relationships between teachers and parents. Child care settings of minority and poor children were examined by Holloway, Rambaud, Fuller and Eggers-Piérola.[28] Over a three-year period, 14 low-income mothers were interviewed about socialization goals in relation to their preschool-age children. Some of the mothers believed there were inconsistencies between their goals and those of the schools. School personnel and teacher interviews were not reported. Holloway and her colleagues found that mothers' relationships with teachers were harmed by the teachers' perceived lack of acknowledgment of the parents' goals for the children; they suggested that school personnel and mothers work toward satisfactory mutual accommodation and respect.

Okagaki and Sternberg[29] studied 359 parents of immigrant children (Filipino, Mexican and Vietnamese), native-born Anglo-Americans and native-born Mexican-Americans who had children in kindergarten, first- and second-grade. The immigrant parents believed it was important for their children to learn to conform to external standards and gave equal or greater importance to social as compared to cognitive skills. Teachers were not interviewed. The investigators concluded there were problems in school performance resulting from a focus on intellectual assessment deriving from standard Western psychological theory. Parent-teacher relationships would thus be affected to the extent that common foci are not agreed upon. The study is provocative, but few other investigators have attempted such fine-grained analysis of substantial samples. There have been no published Canadian data of comparable quality.

Few of the above studies have looked at more than one group of informants. Most have relied solely on either parent or teacher reports. Only a small number have attempted to look at relationship problems from multiple perspectives. Few or no published studies have sought to coordinate data from several sources in order to gain a deeper understanding of these problems. Few have considered both quantitative and qualitative data. It is proposed that without multiple perspectives and types of data, some issues cannot be clarified. Any one perspective, considered on its own, can appear plausible and definitive.

To the extent that larger patterns of disadvantage and subordination of cultural and racial groups are the context of early childhood education, one expects the ECE system to face a number of challenges and difficulties. The micro-interactions of parents and teachers can be expected to be moulded by commonly occurring patterns coloured by social interaction among cultural and racial groups, as well as by institutional characteristics of the ECE system itself. Hence the pursuit of our overall goal—to characterize parent-teacher relationships in diverse contexts—required a complex, multistranded approach. It was necessary to listen to many voices. In a larger, three-year project, we investigated relationships between ECE teachers and families through multiple perspectives and three different data sources (supervisors, teachers, parents). The project had three constituent studies: Centre Study, Family Study and Faculty Study. The Centre Study and Faculty Study had large quantitative portions and the quantitative data were used to help corroborate and select qualitative themes. The project's specific research questions were:

1. What is the nature of teacher-family relationships as seen by the teachers and parents with respect to social variables, including attitudes toward participation, effectiveness of communication and cultural and racial sensitivity?

2. How do parents and teachers perceive and work with differences regarding appropriate child care and development values?

3. How are racial incidents constructed and handled by parents and teachers according to their respective views?

In order to address these questions, our research team interviewed teachers and families in Toronto, Vancouver and Montreal. This paper addresses one of the major challenges expressed by all respondents: parent-teacher communication in diverse child care centres. The Faculty Study and data are not explicitly considered because ECE faculty members lacked direct involvement in the teacher-parent interactions.[30] In sum, this paper presents a coordinated analysis of data from the Centre and Family studies, which were obtained from three sources—supervisors, teachers and family—to provide a deeper understanding of stakeholders' relationships with each other. It was recognized that, except for the quantitative component of the Centre Study dealing with paired minority-majority children, data would not be obtained which would permit direct comparisons of minority versus majority persons in the ECE system. The chosen, non-comparative method was intended to provide an exploratory survey of difficulties in parent-teacher relations in the experience of minority stakeholders. Further, outside the quantitative portion of the Centre Study, it was not feasible, on a large-scale basis, to obtain rigorously sampled, qualitative data on exactly the *same* incidents from several sources.

The original three studies permitted a certain amount of triangulation by virtue of wide-scale sampling and quantitative data. But the qualitative data considered here, though shaped by the quantitative findings, did not access the same respondents for specific events and so do not allow triangulation in the strict sense. The present multiple-perspective approach however, does allow preliminary conclusions on commonly occurring types of issues.

Method

Data Gathering

Centre Study: Supervisor and Teacher Interviews

In Component One of the Centre Study, we interviewed 77 supervisors and 199 teachers at 77 randomly selected group child care centres in Toronto, Montreal and Vancouver. Supervisors were interviewed by phone in a 15-minute conversation and teachers in person in a one-hour interview. About 30 per cent of the teachers had been in the field for over 10 years; 54 per cent had less than seven years experience and 16 per cent had between seven and 10 years of experience. We explored with teachers the benefits and challenges associated with diversity and focused a number of questions on teacher-parent interactions. The sampling method was intended to secure generalizability for the quantitative data from teachers and supervisors in these three cities. The manner of collection of comments, however, would permit only provisional identification of themes and formulation of preliminary conclusions.

Centre Study: Minority-Majority Child Pairs

In Component Two of the Centre Study, we visited 77 randomly chosen centres in three Canadian cities and asked teachers to characterize one pair of children in which one was a child of a minority race or culture and the other a child of the majority race or culture. The labels we used in interviews, respectively, were "focal" and "paired" child. (We use the terms *minority* and *majority* to refer, respectively, to the non-dominant and dominant racial-cultural groups in Canada; for us, the issue of numerical proportions was entirely secondary.) The two children were matched for age and sex. We wished to investigate teachers' differential perceptions of individual strengths and problem areas in order to see how teachers work with the challenge of caring for these two sets of children.

With the interviewer blind to the actual selection process and names of the two children, supervisors were asked randomly to select one minority-majority pair from the register of children who had been in the centre for at least six months, according to the following procedure. Supervisors pooled the names of the children and sorted according to minority and majority background to form two lists. These concepts were operationalized as follows: "Minority background" was defined as the child having either a family language other than French or English or being of non-Caucasian racial background (e.g., Asian, African, Latino).

"Majority background" included all other children. The supervisor then randomly chose one minority child from the minority list. Next, a child of matching age and gender was chosen from the majority list. This design is adapted from a study by Ogilvy, Boath, Cheyne, Jahoda and Schaffer[31] and permits proper, inferential conclusions and tests of statistical significance with respect to teacher perceptions of the children in centres in the three cities. No data were collected on ethnicity and background of teachers.

Family Study

Facilitators in the three cities convened 14 parent focus groups (108 parents in total) of different ethnocultural backgrounds to ask them about their and their children's experiences with child care centres. The parent representation was sought from new immigrant groups in each of the three designated cities. Further, we wanted to hear from established immigrant groups; these are marked in brackets for each city. The focus groups, categorized by city, represented the following ethnic and linguistic backgrounds:

Toronto: Spanish, Cantonese, Jamaican, Farsi, Tamil, (Greek);
Montreal: Spanish, Vietnamese, Haitian, (Portuguese);
Vancouver: Spanish, Mandarin, Somali, (Cantonese).

It is noted that the focus group data do not permit triangulation, in the strict sense, regarding specific incidents. Since this was a preliminary study, it appeared plausible to the researchers that the number of parents and comments would be large enough to identify types of incidents and permit preliminary comparison of perspectives on some main issues facing the parents and teachers.

Data Analysis

The qualitative and quantitative data were pooled and aggregated by topic. Only the data and interpretations for the topic of teacher-family interaction are reported in the present paper. As recommended by Miles and Huberman,[32] we compared multiple perspectives, but on similar circumstances and events. As in well-known, multisource ethnographic studies,[33] we sought to draw upon and coordinate a variety of types of data from informants (stakeholders) in various categories or institutional roles. As part of the approach, the qualitative data were used to provide deeper insights into the circumstances depicted in the quantitative data. In the larger study, coordination of quantitative and qualitative data was intended to provide critical insights into the ordinary types of perceived problems; otherwise, critical remarks from certain parties might be dismissed as atypical or as products of the researcher's political agenda.

Results

Our four main findings as revealed by this coordination approach are now reported. Prominent in all of them is the dramatic difference between parents and teachers in perceptions of even the most minor events. Understanding these differences is an essential first step in addressing the troubled relationships we found between parents and teachers. The reader is reminded that the data do not permit the drawing of comparative conclusions about majority and minority parents. Demonstratively significant quantitative data on ethnoracial comparisons were obtained only in the Centre Study minority-majority child component. The findings below should be considered as preliminary since they were derived by qualitative analysis of themes identified in interviews of parents, teachers and supervisors at a number of locations. In the following section, these conventions are used for attribution of quotations: parents (P), teachers (T), supervisors (S).

Finding 1

Although both minority parents and teachers agreed that minority parents were not involved enough in the child care setting, they disagreed about the reasons for the lack of involvement.

Attendance at Meetings

A main source of frustration for the centre staff was that parents reportedly did not come to scheduled meetings and did not seem to dedicate the necessary time and energy to participate in the centre activities.

> We go to a lot of trouble to put [family] meetings on and it's always the same few who show up. (T)

In fact, a great many of the parents agreed that they did not attend scheduled parent meetings. They mentioned linguistic barriers, lack of time, fatigue and many meeting topics that were perceived as irrelevant to them.

> Sometimes I want to make suggestions, but there is no interpreter. (P)

> In my centre, they send home minutes of what happened in the meeting so I understand better. (P)

> The supervisor does most of the talking and usually talks about fund raising.(P)

Many parents wanted meetings in which they are asked whether they have concerns and where interpreters are present. "When a centre makes an effort to find interpreters, it shows they really care and are interested in hearing what parents have to say." Opportunities to talk to other parents were often seen as highly valuable. Parents frequently noted that because of language barriers and the rushed pace at pick-up time, they feel isolated and alone.

A few parents said they would attend a parents' meeting but were not aware if such meetings took place.

> There is no parents' and teachers' meeting in our day care. If there is a meeting about children's issues, I would go. (P)
>
> I want to come in and be involved but not to be disrespectful and seem as if I'm telling them how to run their school. Sometimes I get a notice and am not sure if I'll understand so don't go. If I was personally invited, I would come. (P)

Some parents wanted a monthly scheduled meeting where they had the opportunity to ask questions and give information. Others mentioned how they liked dropping in at various times and feeling welcome to observe, ask questions and gain information.

On the other hand, some parents wished to become more involved in the child care centres. One parent offered to do a multicultural workshop as a follow up to a racist incident, but the supervisor did not respond. There was a great deal of discussion of the importance of becoming more involved. Some parents said they would be interested in seeing their children performing at parent meetings (e.g, reciting poems, singing).

It appeared that the general picture from the parents' perspective was that many would like to have meaningful participation in their child's centre and that they would like to discuss their child's progress with experienced teachers. Many would also like to be involved with some of the daily activities so they could learn more about the program and how their child is doing. Some parents' comments are as follows:

> If I would be asked to participate or help out, why not? I can help out in educating staff about my own culture at least. (P)
>
> In the case of celebrating Nowruz [Iranian New Year], if the staff had asked me to help them in celebrating, I wouldn't have minded helping out. Nobody asked me. I like to participate. (P)

Parents' Apparent Lack of Interest in Establishing Communication

Many teachers perceived families as not eager to interact with the school personnel.

> For these parents, the day care is viewed as a babysitting service and they don't have much contact with the staff. They don't show up for social occasions. They pay and feel they've done their share in that way. They're not willing to listen to information/concerns about their children. They don't "hear" us. (S)
>
> Even when we offer help, many parents are not interested to talk to us. (T)
>
> The greatest challenge is... to transmit the centre goals and philosophy to them. (T)

The views of parents were quite different. Many said they wanted to know more about the day-to-day happenings at the centre; although teachers were willing to answer parents' questions, some parents stated that they rarely volunteered information. Since teachers seemed to be so busy, many parents were reluctant to ask too many questions. When teachers did take the time to talk to parents and ask questions, this was interpreted as a sign of interest and respect. Some parents stated that teachers rarely told them about the child's day; others wanted specific daily information on eating, sleeping and toilet routines.

> I am tired of being always the one to initiate conversations and ask questions. (P)
>
> One day, I found my son's T-shirt, soaking with blood, in his lunch box. The teachers did not even explain to me what had happened. I did not pursue this matter and just took it as a nosebleed. (P)
>
> The teacher always smiled but when I saw her at the market, she hardly said "hello" to us. (P)

Some parents often expressed dissatisfaction with written reports they received. Some said they did not want such reports to focus on isolated incidents but to show the teacher was following the children's academic progress and knew where they were.

Parents' Apparent Lack of Respect for Teachers

Supervisors frequently told us that many parents had been disrespectful to them:

> He [father] has a real attitude problem in that he views women and us staff as his servants. (S)

> When something arises and there is a problem with the child, the parents say the centre staff is being racist. (S)
>
> Some parents view me as the babysitter and have no respect. Others put me on a pedestal and think I know everything. (T)
>
> When I first met him he [father] refused to shake hands with me and offered no explanation; I felt so insulted. (T)

In contrast with the teachers' and supervisors' perceptions, many parents expressed a great deal of respect for the teachers. Parents often stated that teachers are professionals and know what they are doing. Although many parents would like the children to spend more time reading and writing, the teachers were perceived as authority figures who know what is best for children.

> The day care centres know what the children will need when they enter elementary school. They probably have a plan on what and how much to teach to ease them into school. (P)
>
> The kids listen to the teachers; they know how to discipline them. (P)

Finding 2

Minority parents and teachers tended to be unaware of their basic differences in ECE goals, particularly with respect to cognition, social skills and respect for authority; they gave conflicting accounts of difficulties related to these goals.

Teacher's Perception of Parental Understanding of Program Goals

Many supervisors and teachers reported that the major challenges in working with diverse populations was that the parents were not sufficiently knowledgeable about the goals of early childhood settings. For example, two teachers said:

> These [minority] parents don't understand how child care functions: they think the morning snack is breakfast. (T)
>
> I'm not always sure if parents understand the forms that are sent home. (T)

Since the teachers in the Centre Study appeared to have different perceptions about treatment of children, we had established a rigorous method capable of supplying evidence corroborative of the existence and nature of such perceived situations. We sought quantitative information for comparing majority and minority children and families. The methodology of the minority-majority child component did provide a proper basis for such comparisons. We asked the teachers a set of questions about contact with the families of these two specific children and their responses are shown in Table 1.

TABLE 1

AMOUNT OF CONTACT WITH FAMILIES OF MINORITY AND MAJORITY CHILDREN

CONTACT	MINORITY FAMILY N = 199	MAJORITY FAMILY N = 199
Minimal	84 (42%)	57 (29%)*
Daily	96 (48%)	96 (48%)
Extensive	19 (10%)	46 (23%)**

*$p > .05$; **$p > .01$

The chi-square analysis indicated significant differences between teachers' relationships with families of minority and majority children in the "extensive contact" category. Analysis by individual city revealed the same patterns as for the aggregate data. That is, parents of majority children were more likely to have indepth conversations with teachers than were parents of minority children. These extensive contacts included discussing home issues and talking about personal problems. Families of minority children were more likely to have minimal contact with teachers than families of majority children. In sum, substantial contacts were found more in teacher-majority parent relationships; minimal contacts often marked the relationship between teachers and minority parents. The issue of family structure across majority or minority samples was not addressed, hence the degree of possible confounding influence was not determined.

To gain information about teachers' perceptions of parents' attitudes toward school programs, we asked teachers the following question: "How well do the parents understand the program?" The information is summarized in Table 2.

TABLE 2

TEACHERS' VIEWS OF PARENTAL UNDERSTANDING OF PROGRAM GOALS

DEGREE OF UNDERSTANDING	FAMILY OF MINORITY CHILD N = 199	FAMILY OF MAJORITY CHILD N = 199
Very Well/Well	97 (49%)	134 (66%)**
Adequately	32 (16%)	11 (5%)*
Slightly	17 (9%)	3 (1%)*
Not at All	10 (5%)	5 (3%)
Don't Know	43 (21%)	46 (23%)

*$p > .01$; **$p > .001$

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Parents of majority children were significantly more likely to be perceived as understanding the program objectives than parents of minority children. Analysis by individual city revealed the same patterns as for the aggregated data. This included knowledge about daily routine, disciplining methods and desirable and undesirable behavior. It is noted that for all minority and majority children considered together, about one-fifth of teachers said they did not know whether or not the family understood the program goals. In sum, teachers differentially perceived parents of minority children (compared to parents of majority children) as not understanding school program goals.

Families' Perception of Early Childhood Education Goals

There is first-hand evidence from the Family Study that many parents knew little about programs. They asked facilitators questions about teacher qualifications. Many parents were surprised to find that some "teachers" were placement students and that some children had more than one teacher when they attended a half-day kindergarten in addition to the child care program.

Families' Goals for Their Children in ECE Settings

In the Family Study, parents were seen by teachers as unaware of ECE goals, nonetheless, they frequently expressed goals of their own for their children in early childhood settings. Many parents articulated several concerns about program practices and socialization and believed teachers were not addressing these concerns. Many believed children should be taught good manners and how to behave at home and be obedient. Learning to get along with peers was also seen as a valuable experience. Some parents felt that the children were given too much freedom and too many choices at school, which caused problems at home.

> I expect my child to be well mannered, using her "please" and "thank you." Unfortunately, they don't carry on those sort of things at day care, I guess because they're so pressed for time. (P)
>
> What I don't like and also concerns me is many children use bad words and my daughter has learned the bad words. (P)
>
> The teachers need to be more strict, to have rules, to emphasize order and neatness. Children need to know proper manners such as not taking things with the left hand or acting disrespectfully to relatives. (P)

Parents in the Toronto Cantonese group were unanimous in expressing their anger against a forced outdoor time in cold weather. They felt this not only led to numerous colds but that the children also got overheated while waiting for others to be ready. This theme was repeated numerous times in other groups and many parents felt centres should be flexible enough to accommodate parents' wishes for their children to stay indoors.

> My kid got sick from playing outside. I don't like it. Some other kids looked sick too. They come in with runny noses, cold hands and feet. It is very bad. (P)

> When it was really cold, I didn't think they should be taking them outside because nobody can dress your kid like you can dress your kid. When the wintertime comes, my kid has scarves around here.... (P)

> When I come to pick up my kids, some kids don't have mittens.... they could get frostbite or anything. (P)

Finding 3

Schools and minority parents appeared to have substantial differences over what constitutes proper child-rearing methods in the home. The practices of minority parents were often viewed by teachers as lax.

Teachers' Views of Guidance and Discipline at Home

Teachers felt that in many cases the children were babied, spoiled and inappropriately raised at home.

> Some parents accept soiled pants at four [years]; some still have bottles at three years. (T)

> The [specific cultural group] boys are so pampered [at home] and here they have to clean up just like everyone else. They' re confused with such different expectations. (T)

> Parents don't understand the way things are done in Canada and it's hard to get the concepts across to them. (T)

Parents frequently did not seem to be aware of the teachers' perceptions. It seems the agenda of the teachers had not been expressed to them but was being used implicitly in assessing the approaches of the parents.

Teachers' Views of Child-Rearing Methods at Home

Many (32 per cent) of the teachers reported significant home-school differences in child-rearing that made it difficult for them to work with minority families and children. Many teachers felt that parents did not understand Canadian ways or were unwilling to adopt Canadian and child care centre practices.

Disagreements between family values and expectations and those of the school were frequently cited. Disagreements cited included difficulty understanding parents' philosophies. Some families had practices that were perceived as unhygienic; teachers said the parents did not understand Canadian ways. There were differences in upbringing between home and school.

> One child did not wear underwear; it was so disgusting. (T)
>
> They don't dress the children appropriately for winter; other times they put too much clothing and the poor kids are boiling. (T)

Parents' Views of Home Practices

Of course we did not ask parents if they were spoiling their children or providing proper child rearing. The reports of the facilitators indicated that generally, like majority parents, minority parents viewed themselves as working hard to provide appropriate care. Many parents seemed, to the facilitators, to be trying to do the specific things that would be helpful to that child within that cultural frame of reference.

> In Afghanistan, we have a belief that to make a child's eyesight stronger, we use *sorma* [similar to eye pencil]. I had put *sorma* in my son's eye and one of the teachers laughed and made fun of my son by saying, "You have put eye pencil in your eyes." (P)

Clearly, the mother's reasons for this practice did not make sense to the other children or teachers, so she felt her child-rearing methods were being dismissed and even ridiculed.

Further, the fact that many parents wanted to visit the school and be more involved suggests they felt competent about child-rearing methods. Their critique of practices at school demonstrates they felt more concerned and knowledgeable about child-rearing methods than the teachers may have realized.

Finding 4

Based on teachers' and parents' reports, racial and discriminatory incidents, according to the various definitions of those involved, were not uncommon in child care centres; sometimes teachers were unaware of them. Subtle and unintended effects of racism were much more noticed by some parents than by many teachers.

Nature and Frequency of Incidents

Teachers were asked to describe any incidents among the children that seem to reflect negative racial stereotypes. We asked participants to describe racist incidents they had witnessed. Since no definition of racism was proposed to participants, they were permitted to work with their own understanding of the concept. Since many investigators agree in emphasizing the subjective experiential effects of racism, we felt it appropriate not to impose what we outsiders would consider or hypothesize to be racially based incidents. There are a number of definitions of racism and the examples we heard fell into the categories of negative comments and physical avoidance or exclusion. In the following data, analysis by individual city revealed the same patterns as for the aggregate data.

Forty-six percent of teachers (91/199) at diverse centres with an average of seven years experience in the ECE field reported they had never, during their ECE careers, seen what they would describe as a racial or discriminatory incident between children. Further, they thought such incidents were unlikely, if not impossible, in this three- to six-year age group. Such incidents were, however, perceived to be more likely in school-aged children. A typical statement is given below:

> In six years that I have worked here we have never had a discriminatory or racial incident. (T)

The 54 per cent of teachers who had seen racial incidents during their ECE careers reported a total of 122 incidents among the children, as shown in Table 3.

TABLE 3

TYPES OF INCIDENTS OBSERVED AMONG CHILDREN

INCIDENTS	TOTAL (N = 122)
Verbal Behaviour	55 (45%)
Avoidance/Exclusion	34 (28%)
Attribution of Stereotyped Roles	19 (16%)

It would be useful in interpreting the caregivers' perceptions to know their race or self-definition of such. Direct data would have been ideal. Such data were not collected because it would have seemed intrusive and we were trying to establish rapport with them. However, several American investigators have reported that a vast majority of preservice teachers are of white, middle-class background.[34] Canada has a lower proportion of visible minority persons in its population[35] than does the United States and the employment patterns are generally similar.

The incidents named were mostly evident rather than subtle. Derogatory name-calling between children was the most frequently observed response (four to five per cent). This included making fun of physical features such as hair, skin, smell, accent and cultural origin. Avoidance and exclusion incidents were very common: instances where children refused to touch or sit next to a child of a different racial background were observed in 34 of 122 cases (28 per cent). Children would often attribute culturally stereotyped roles to each other. They said:

> He [Asian child] looks ridiculous; look at the way his mother carries him.
>
> All black children are poor.
>
> You can't be the boss, you're black.

Because some parents had suggested that teachers were not fully sensitive to the importance of racial issues, the investigators had decided to probe beyond intentions and self-reported sentiments to ask teachers what they did in situations that the teachers themselves defined as racial. Teachers were also asked how they handled the situations and who was involved; their responses are summarized in Table 4.

TABLE 4

TEACHERS' RESPONSE TO RACIAL INCIDENTS

ACTIONS CITED	TOTAL (N = 122)
Talk to Children Involved	87 (71%)
Do Nothing	20 (16%)
Conduct Group Discussion	17 (14%)
Involve Families	15 (12%)
Consult Colleagues	7 (6%)
Document Incident	5 (4%)

Our categorization for those who did nothing included teachers who said there was no need to act, those who told the children all people are nice and those who believed modelling good behavior was a sufficient response. These teachers said that since the children did not intend to hurt others and often did not know what they were saying, there were no racial elements.

The vast majority of the teachers (84 per cent) who witnessed racial incidents, however, did something in response. The most common response (71 per cent) was to talk positively to children and to encourage children to talk to each other. Most commonly, the staff person approached the problem individually and talked to the children involved. Only six per cent reported seeking other staff and only 12 per cent involved children's families. Generally, the incident was not dealt with collectively since only 14 per cent spoke of using this as a learning opportunity with the rest of the children. In most cases, interaction was limited to the two children involved. Only five of the 122 teachers said they had documented the incidents through a serious occurrence report and one centre out of 77 worked to develop a policy following an incident. How teachers deal with—or are perceived to deal with or avoid—racial incidents was a concern expressed by some parents in the focus groups (see below) and most often they felt unable to directly request appropriate review by school personnel of these types of incidents.

Parents' Views of Racial Issues

Parents in focus groups were specifically asked about incidents involving race, language or cultural bias. Some parents did not consider issues of race to be relevant to them. For example in Toronto, several Spanish and Cantonese parents said racism applied only to blacks.

Several participants recounted their children's involvement in incidents with racial overtones. One mother told of her attempt to follow up on an incident when her child was called "a nigger" by another child. When she called the school to tell them, the supervisor got upset and said she was accusing them of being racist. The matter was never resolved, as it was not clear who said what to whom.

A second mother had a similar experience. Her child got angry at home and said: "Stop that, Blacky." The child reported hearing this at school, but the teacher said she had never heard it from children this age. The mother took her concern to the supervisor and after three weeks, the supervisor called to apologize for not believing her and to say they had found out who was making these remarks.

> So I [same mother] say, well you need to deal with this right now.... So they went through a little racisms...you know...they talk to the kids about how everyone is supposed to play together and all that. I even said I would come in to talk to them, but they said they had already handled it. (P)

There was a sense among some minority parents that if they complained about anything, this would have repercussions for the child. In one case, the child told the mother he had been slapped by the teacher; the school denied it to the mother.

> ...so I said [to the supervisor] if he said it happened, then it happened. So she said nobody hit him. And he's the best kid in the day care and he doesn't give no trouble.... So it was left there but deep down inside I was not comfortable.... I don't want him to suffer the consequences after all this.... So I let it go. (P)

Besides examining overt incidents, an assessment of racism necessarily involves identifying more subtle practices that may be present. Unthinking and usually non-hostile actions or omissions may indicate something about the presence of *structural supports* for racism. By that phrase, we direct attention to institutional privileging of white or European thought patterns and values over those of the rest of the world. Some parents spoke as follows:

> When the white mothers tell staff their child had an accident, they change the child immediately; when my child is wet, they tell me to change her. (P)
>
> What really concerns me is I feel I'm ignored by the staff. I will give you an example. If I'm with another parent, the staff will pay attention to the white parent and not me. (P)
>
> The staff do not have any knowledge about my language, race or culture. That is why I feel they ignored me. What I know [is] that the staff don't have enough knowledge about my culture. I have not seen them handling any case [well]. Teachers should learn how to be sensitive to other people's culture or race. Some of them are sensitive and some are very ignorant. (P)

Discussion

Issues of Communication, Involvement and Respect

The troubled relationship between teachers and parents exists in a particular, structured ECE system whose routine processes lead to a number of misunderstandings and miscommunications among stakeholders. The data show large areas of agreement about particular objective details: parents not going to meetings, teachers and parents not talking much to each other. Both parents and teachers had feelings of being neglected and considered themselves to be in a disempowered or marginalized position.

Parents, besides wanting to hear the teachers talk about their children, often spoke of wanting teachers to listen to them and appreciate their views and cultures. Similarly, many teachers wanted parents to demonstrate their interest by inquiring about program goals and participating in program activities. Holloway and her colleagues' findings[36] are helpful in raising questions about the present teachers' reports of lack of parental interest. The participants were found to place "great importance on preparing their children for school."[37] Thus we ask if the teachers, despite good intentions, were routinely failing to perceive—or perhaps to understand—signs of parent interest.

We have earlier described the institutional factors that affect parents' relationships with the ECE system and providers.[38] We have proposed that the standard model of ECE places administrators and teachers in an expert position regarding child rearing. The present findings regarding teachers' views and parents' experiences are consistent with the views of Lubeck[39] and Walsh[40] —that North American centres by and large follow a standard model. The model suggests a possible account for much of the present data: the teachers' lack of contact with the parents is not simply due to busyness but likely reflects an assumption that experts do not need to continually consult the people they are helping in professional interventions. That the teachers did not "hear" the parents or realize what their values were is thus, arguably, an outcome of the routine, institutional process of the present ECE system. Likewise, the parents' experience of not being listened to does not reflect a bad intention on the part of the teachers, but—if we follow Gonzalez-Mena's[41] argument—the parents' subordinate and marginalized position within the system.

Further, our findings are consistent with the earlier proposal that many professionals in the ECE system work according to assumed universal patterns of child development. There were many reports of differences between teachers and families regarding what children are able to do at certain ages, the type of appropriate discipline at each age and what families should do to support development. We suggest a link between the goal of routine institutional functioning and the universal assumptions of child care personnel about developmental patterns. Further, routine pressures on teachers demand elaboration of rules of thumb and generalizations across cultural groups.

Although all parties in the ECE system are responsible for constructive collaboration, we believe that the primary responsibility lies with the professionals: the teachers and centre supervisors. This position is in accord with the National Association for the Education of Young Children's Guidelines for Developmentally Appropriate Practice which state that "teachers are responsible for establishing and maintaining frequent contacts with families...."[42] There is every indication from the present data that many, if not most, parents would respond constructively to such initiatives. [43]

A key question is since the teachers had a duty to involve parents and at some level were well disposed toward parent involvement, what explains the absence of interactions in which parents and teachers meet and listen to each others' concerns? The situation is arguably due to institutional hindrances rather than ill-intentioned actions of individuals. Where there are few or inadequate mechanisms for involving parents and eliciting their input, the type of dysfunction we have described is likely to occur, particularly in diverse settings. Further, the centre's adherence to a standard model results in teacher-parent meetings and conferences with one-way agendas in which parents are powerless. Parents are expected to come and receive what is offered. Parents will not be able to effect change unless structures are set up for two-way interactions for both sides to listen and talk and unless parents have some power to ensure their ideas are implemented. A key component of establishing a collaborative model is the development of an understanding of families' cultures and concerns and of obtaining practical experience in working with parents. We found numerous instances where the values of the home and school clashed in significant ways.[44] Institutional mechanisms for parent participation can help prevent or resolve such conflicts. Several investigations have shown that programs involving parent participation led to significant input and interest.[45] New structures are needed to provide for true involvement of all parties.

Goals of Early Childhood Education

Many parents wanted the teachers to focus more on instruction, values and manners. With hindsight, the question of to what degree parents understood program goals presupposed a common agenda. Teachers' frequent reports about little understanding of program goals can also be understood as lack of parental endorsement of official goals. Perhaps teachers did not recognize that parents had goals of their own. Our findings here are consistent with those of Holloway et al.,[46] in that parents appeared not to accept child-focused orientations and believed that teachers should help teach respect for adults.

The Latina mothers in our sample, from their vantage point based on traditional beliefs of their home culture, expressed concern about the disrespectful attitude North American children frequently display toward adults.[47]

Our suggestion for dealing with this problem is stated best by Holloway et al.:

> There is much to be gained by seasoning professional knowledge about effective pedagogies with respectful consideration of parents' cultural models of child rearing and education.[48]

The NAEYC position statement on linguistic and cultural diversity[49] clearly states the ideal goal of complementary practices between home and school but also acknowledges how cultural clashes may occur.

> Partnerships between the home and the early childhood setting must be developed to ensure that practices of the home and expectations of the program are complementary.[50]
>
> "Cultural clashes"... often loom larger than need be because lines of communication may not exist.[51]

That cultural clashes exist is supported by the findings of the present study. In order to help alleviate such clashes, teacher candidates need to be prepared in ECE programs to learn that there is no simple resolution of cultural differences; that unthinking enforcement of mainstream values can no longer work. There are possibilities for mutual accommodation between ECE teachers and parents of ethnoculturally diverse children. It is submitted here that establishing communication is critical. In a majority of the cases, we believe some sort of arrangement can be worked which honours the main priorities of all stakeholders.

Issues of Race

Because of the degree of accord between parent and teacher reports, there does appear to be a continuing problem of racial incidents irrespective of the good will of centre staff. Our first caveat: it is to be emphasized that the category of racial incidents is itself open to question. The problem here is not academic hair-splitting but is reflected in reports of parents of different racial and cultural backgrounds; several Asian parents thought they faced discrimination problems, but not racial discrimination. A second caveat: minority parents or even those of a specific group (e.g., African-Canadian) are not homogeneous for purposes of this analysis. For instance, we talked more to African-Canadian mothers than to fathers and so the picture we present should not be considered to be based solely on racial differences per se. The minority parents were mostly women and came from a number of different classes and castes.

Having decided to call some problems racial, we shall now discuss the finding that the significance or gravity of "racial incidents" was assessed differently by teachers and parents. In our investigation, many teachers stated their belief that racial issues were being adequately handled so there was no need for outside intervention. Such reports are entirely consistent with the standard or expert model according to which parents are not involved nor even told of ordinary incidents. Thus routine institutional processes, we suggest, more than individual teacher bias, probably account for some parents' feelings that their questions about racial incidents were not welcome. Parents, in fact, would appreciate being asked for input because they believe they have a much clearer sense of the impact of the incidents on their children and a greater experience, arising out of their community experience, in dealing with racism.

There is no evidence here to suggest that the teachers saw racist incidents, in their own perception, as having implications regarding ECE institutional practice. The parents, on the other hand, showed some awareness of such issues. Some minority parents, for instance, reported that the teachers spoke to them less than to the parents of white children and we believe that these parents may have been aware of these incidents as common outcroppings of routine, seemingly impersonal institutional processes.

Within child care centres, how parents and teachers interact over racial issues is influenced by two sets of variables: first, each party's beliefs about what is happening between the children; second, the dynamic of the adult-adult interaction itself, which inevitably has a racial aspect. The adults' encounter is shaped by the respective positions of the racial groups with which they identify themselves and one another. Thus we propose[52] that the issues of institutional and individual racism should be addressed at several levels: teacher-child, child-child, teacher-parent. Louise Derman-Sparks,[53] in addition to her useful analysis, has provided a number of useful suggestions for anti-bias approaches for various stakeholders within ECE programs.[54]

Because institutional issues need to be addressed, we would stress the need for courses in racism to help teachers—and teacher candidates—learn about structural disadvantage, not merely overt signs. A social justice perspective is essential.[55] We believe that the evidence cited here shows the need for a proactive reform for ECE teacher preparation and an equally proactive restructuring of institutional policies and practices. Within new structures, new relationships may evolve for the benefit of children, families and teachers.

Limitations

Despite the large number of informants in all stakeholder positions, the design in two of the studies (Centre Study, Supervisor and Teacher Interview component; and Family Study) did not allow definitive and direct minority-majority comparisons. The study of teachers and minority children would be enhanced if further studies included comparison groups and direct observations. The data, except for the second component of the Centre Study (minority-majority child pairs), are in respect to *types* of incidents in a variety of settings. Coordination of multiple perspectives and attitudes in the present study permits only *preliminary* conclusions, which require testing in follow-up, especially case studies focusing on exactly the same incidents. We underscore the fact that the proportions we found generally do not allow inference about proportions in the ECE community at large.

Specific quantitative conclusions cannot be drawn from the presented data, considered on their own. Further, the present qualitative findings, considered on their own, do not license generalization to the larger population of children in centres, their parents and their teachers.

Conclusion

Early childhood education in ethnoculturally diverse settings faces a number of difficulties, which we have highlighted in the reported data. It is also true that teachers and parents spoke of being able to interact successfully for the benefit of the children on many occasions. Notwithstanding the many areas requiring improvement, it was rare for either parents or teachers to question the integrity of the system or to completely disparage the other party. Both stakeholders want to work through their difficulties and we believe in their ability to ultimately do so. What is to be done? We propose, in parallel with NAEYC[56] and the Royal Commission on Learning[57] that a more collaborative model for ECE be adopted. We suggest that such a model would improve communication and problem solving and ensure that attempts to honour diversity go beyond words and become realized in practice. The model offers one way for parents to become valued partners in children's education. It would also be easier for both stakeholders to remain conscious of the fact that they *both* care deeply about the children and all are acting for the best as they see it. We continue to believe that, with adequate time, resources and an abundance of commitment, genuine change is possible.

Endnotes

1 Okagaki & Sternberg, 1993.

2 National Association for the Education of Young Children (NAEYC), 1995.

3 Ibid., pp. 8-9.

4 E.g., Delgado-Gaitan, 1990; Ghazvini & Readdick, 1994; Goldenberg, 1993; Ramirez & Douglas, 1989.

5 E.g., in Belgium, Verlot, 1995; in the US, Becher, 1985; Bright, Hidalgo, Siu & Swap, 1994; in Canada, Drolet, 1994; Office des services de garde à l'enfance, 1994; in Ontario, Ministry of Education and Training, 1994; in Australia, Boston, 1995; in Portugal, Marques, 1995.

6 Fein, 1980, p.181.

7 Kessler & Swadner,1992; Lubeck, 1994; Mallory & New, I994; Walsh, 1991.

8 Gonzalez-Mena, 1997.

9 Kessen, 1983.

10 Bernard, 1995; Bernhard & Freir, 1996.

11 Okagaki & Sternberg, 1993.

12 NAEYC, 1995.

13 Endsley and Minish, 1991.

14 See also Fein, 1980.

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15. Robinson, Robinson, Wolins, Bronfenbrenner & Richmond, 1973; Sjolund, 1973; West, Hausken & Collins, 1993.
16. Bauch, 1992; Costas, 1991.
17. Pence & Goelman, 1987, p. 114.
18. Chang, 1993.
19. Chang, 1993, p. 66; see also LaGrange, Clark & Munroe, 1994.
20. Jordan, 1968; Miles, 1989; Ng, 1993; cf. Hall, 1980.
21. Miles, 1989.
22. See also James, 1994.
23. Crooks, 1970; Johnson, 1977.
24. Derman-Sparks, 1991; James, 1995.
25. Troyna, 1992.
26. See also Hall, 1980.
27. E.g., James, 1994; Sleeter, 1992; Williams-Shreve, 1992.
28. Holloway, Rambaud, Fuller & Eggers-Pierola, 1995.
29. Okagaki & Sternberg, 1993.
30. See Bernhard, Lefebvre, Chud & Lange, 1997.
31. Ogilvy, Boath, Cheyne, Jahoda & Schaffer, 1992.
32. Miles & Huberman, 1994.
33. E.g., Fine, 1990.
34. Fuller, 1992; Zimpher & Ashburn, 1992.
35. Estimated at 13 per cent, Census of Canada, 1991.
36. Holloway et. al., 1995.
37. Ibid., p. 462.
38. Fein, 1980.
39. Lubeck, 1994.
40. Walsh, 1991.
41. Gonzalez-Mena, 1997.
42. Bredekamp, 1987, p. 12.
43. See also Chang, Muckelroy & Pulido-Tobiassen, 1996.
44. Similar events are reported in Gonzalez-Mena, 1993; Heath, 1982.
45. E.g., Delgado-Gaitan, 1990.
46. Holloway et al., 1995.
47. Ibid., p. 466.
48. Ibid., p. 470.
49. NAEYC, 1995.
50. Ibid., p. 9.
51. Ibid., p. 15.
52. See Troyna, 1992.
53. Derman-Sparks, 1991.
54. See also Corson, 1994; Municipality of Metropolitan Toronto Children's Services, 1995; Ontario Ministry of Education and Training, 1994.
55. Cummins, 1989; Darder, 1991; Sleeter & Grant, 1987.
56. NAEYC, 1995.
57. Royal Commission on Education, 1994.

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